



*Missouri Department of Social Services
Division of Aging*

MISSOURI CARE OPTIONS

Report for Fiscal Year 1996

*Research and Evaluation Unit
December 1996*

Division of Aging

MISSOURI CARE OPTIONS

Report for Fiscal Year 1996

Missouri Department of Social Services
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Department of Social Services Mission Statement

To maintain or improve the quality of life for the people of the state of Missouri by providing the best possible services to the public, with respect, responsiveness and accountability, which will enable individuals and families to better fulfill their potential.

Division of Aging Mission Statement

To promote, maintain, improve and protect the quality of life and quality of care for Missouri's older adults and persons with disabilities so they may live as independently as possible with dignity and respect.

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EXECUTIVE SUMMARY

Introduction

Missouri Care Options (MCO) was implemented October 1, 1992, by the Department of Social Services and the Division of Aging (DA) by authority of the General Assembly budget appropriation process. In 1995, MCO was added to the statutory authorization of the Division of Aging. The program works to:

- promote quality home and community-based long-term care;
- moderate the growth in Medicaid payments to nursing facilities by offering choices for home and community-based care through a screening; and
- enhance the integrity, independence and safety of Missouri's older adults.

The purpose of this report is to review and analyze the data which reflects the progress and outcomes of the program. The report summarizes data collected by the Division of Aging about the MCO referral and screening process and compares state dollars appropriated for long-term care services.

1996 Highlights

Nursing Facility Cost Avoidance

As a result of increased efforts offering options to facility-based long-term care, over \$75.8 million in nursing facility costs were avoided during fiscal year 1996. Since the beginning of MCO, avoided costs amount to almost \$146 million. The 1996 split between general revenue and federal cost avoidance was 42 percent (\$31.6 million) and 58 percent (\$44.2 million), respectively.

Cost Avoidance	FY 1993	FY 1994	FY 1995	FY 1996	Total
General Revenue	\$2,084,938	\$6,114,001	\$19,840,968	\$31,631,092	\$59,670,999
Federal	\$3,140,844	\$9,583,170	\$28,971,341	\$44,185,251	\$85,880,606
Total Costs	\$5,225,782	\$15,697,171	\$48,812,309	\$75,816,343	\$145,551,605

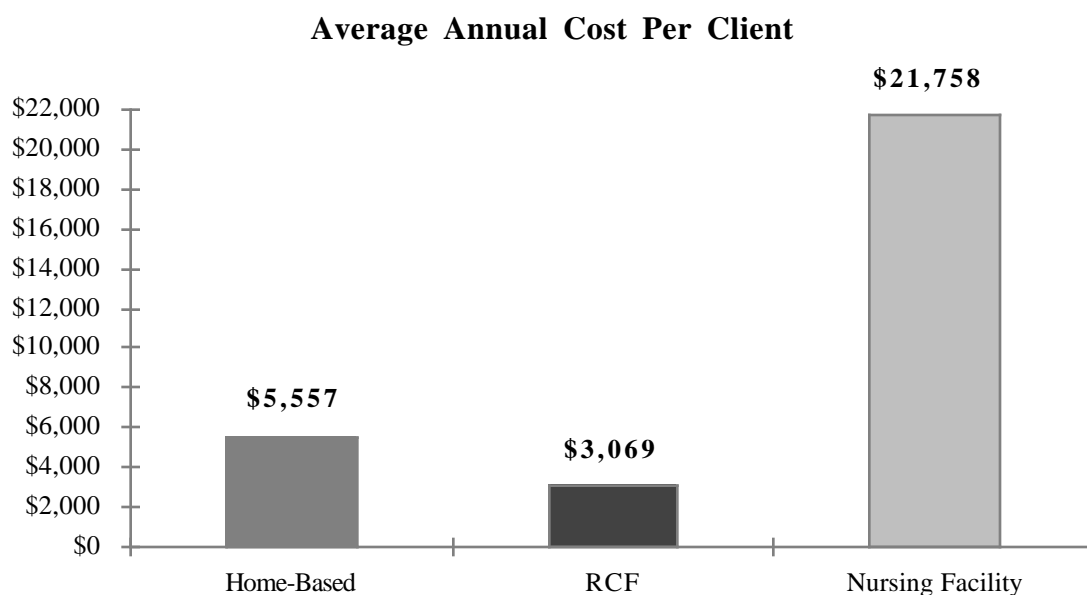
Costs of Providing Services to MCO Clients

Fiscal year 1996 MCO costs amounted to almost \$22 million, bringing the total to \$40 million for the four years of the program. The split in 1996 between general revenue and federal funds was 39 percent (\$8.3 million) and 61 percent (\$13.2 million), respectively.

MCO Costs	FY 1993	FY 1994	FY 1995	FY 1996	Total
General Revenue	\$450,638	\$1,832,054	\$5,596,294	\$8,301,467	\$16,180,453
Federal	\$673,510	\$2,304,203	\$7,589,053	\$13,254,624	\$23,821,390
Total Costs	\$1,124,148	\$4,136,257	\$13,185,347	\$21,556,091	\$40,001,843

Costs Per MCO Client vs. Nursing Facility Resident

The average cost to provide home-based services to each MCO client who were “medically eligible” for nursing facility level of care was estimated at \$5,557 for fiscal year 1996. For those who received residential care facility (RCF)-based services, the estimated cost averaged \$3,069. Together, the average cost per MCO client was \$4,409. Based on monthly Medicaid nursing facility expenditure and recipient data*, the average cost for a nursing facility resident was estimated to be \$21,758.



* Table 5, Monthly Management Report, DSS Research & Evaluation

Referrals

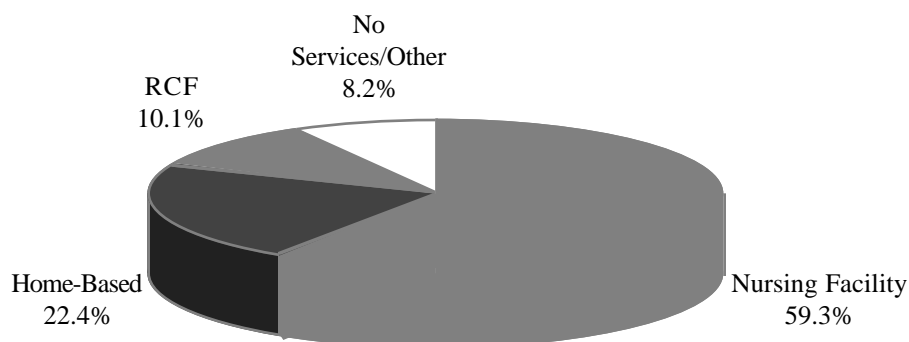
During fiscal year 1996, 19,603 referrals were made to the Central Registry Unit (CRU). Screenings are required for persons entering nursing facilities who expect Medicaid reimbursement. Because of an immediate need for nursing facility care, the CRU screened 4,359 referrals during the year. The remaining 15,244 or 78 percent of referrals were forwarded to DA social workers for further screening.

Referrals	FY 1993	FY 1994	FY 1995	FY 1996	Total
Documented by the CRU	13,532	16,340	18,063	19,603	67,538
Screened by the CRU	4,083	4,353	4,791	4,359	17,586
Screened by DA field staff	9,449	11,987	13,272	15,244	49,952

Referral Outcomes

Of the 19,603 referrals, almost one-third or 6,382 resulted in the authorization of home-based services or RCF-based services. In 11,619 screenings, the person chose to enter or remain in a nursing facility. Eight percent, or 1,602 of screening referrals resulted in another outcome: a person may not have received a service funded by MCO appropriations, returned to the community on their own resources, improved to where no care was needed or passed away before a long-term care decision could be made.

FY 1996 MCO Referral Outcomes



Clients Served

During fiscal year 1996, a total of 8,711 persons received a home- or community-based service funded by MCO appropriations *that was paid for during the fiscal year*. Of the total, 5,166 persons received home-based services while 3,275 people received RCF-based services. There were 270 people who received both RCF-based services and home-based services during the fiscal year.

MCO Clients	FY 1993	FY 1994	FY 1995	FY 1996	Total*
Received home-based services	909	1,779	3,231	5,166	6,700
Received RCF-personal care	8	114	1,898	3,275	3,675
Received both RCF & home-based services	0	9	124	270	361
Total MCO Clients	917	1,902	5,253	8,711	10,736

* unduplicated total excluding FY 1993

Note: Clients served cannot be directly compared to referrals because clients served may have been referred in a fiscal year prior to the one in which they received a service.

The low RCF utilization prior to 1995 reflects the start-up period for implementation of this long-term care option after it was first included in the Medicaid state plan for personal care in 1993.

MCO PROGRAM DATA

MCO Implementation

The premise of MCO is that persons facing decisions regarding long-term care should have information sufficient to make informed choices. Options are offered to potential nursing facility residents for home and community-based services, should they so choose. MCO identifies persons considering state-funded long-term care and:

- have low-level maintenance health care needs but are “medically eligible” for nursing facility care;
- are considering nursing facility placement and need to know all available care options;
- could reasonably have their care needs met outside a nursing facility; and
- prefer to remain in a home or community-based care setting.

Adults who may benefit from MCO are screened by:

- (1) DA social workers prior to or shortly after admission to the nursing facility;
- (2) Central Registry Unit for persons in immediate need of nursing facility care; or
- (3) Area Agencies on Aging upon inquiry about home delivered meals.

The Central Registry Unit (toll-free hotline 1-800-392-0210), with a statewide electronic data base, is the clearing house for receipt of referrals for screening. The unit is linked to the DA case management data base for tracking the outcomes of screenings including cost of care.

Definition of a MCO Client

Upon completion of the screening process, an individual is determined to be a MCO client if the long-term care candidate:

- is considering nursing home placement and is screened by DA;
- has level of care points of 18 or greater (calculated from an assessment of a client’s medical and functional needs; a minimum of 18 points is required to be eligible for Medicaid long-term care);
- receives a qualifying service (home and community service funded by MCO appropriations) or an increase in service(s); and
- is Medicaid eligible unless receiving an Area Agency on Aging home delivered meal only, or within “spenddown” range of Medicaid eligibility.

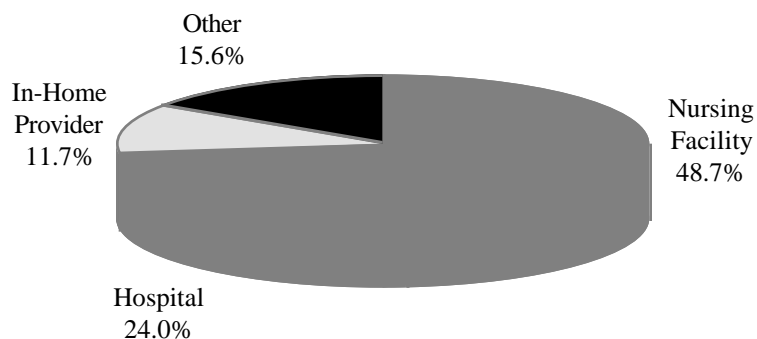
Referrals

During fiscal year 1996, 19,603 referrals were made to the Central Registry Unit, an 8.5 percent increase over fiscal year 1995. Screenings are required for persons entering nursing facilities who expect Medicaid reimbursement. Because of an immediate need for nursing facility care, the CRU screened 4,359 referrals during the year. The remaining 15,244 or 78 percent of referrals were forwarded to DA social workers for further screening. (See Appendix B, pages 30-31, for referrals by county.)

MCO Referrals						
<u>Fiscal Year</u>	<u>CRU Referrals Received</u>	<u>Yearly Change</u>	<u>Screened by CRU</u>	<u>Yearly Change</u>	<u>Screened by Field Staff</u>	<u>Yearly Change</u>
1993	13,532		4,083		9,449	
1994	16,340	20.8%	4,353	6.6%	11,987	26.9%
1995	18,063	10.5%	4,791	10.1%	13,272	10.7%
1996	19,603	8.5%	4,359	-9.0%	15,244	14.9%

The majority of calls were from nursing homes, hospitals and in-home service providers. Other sources of calls included Department of Social Services workers, the persons needing services and their families, home health and hospice agencies, Area Agencies on Aging, mental health providers, other health care providers and the Ombudsman Program.

FY 1996 MCO Referrals by Source



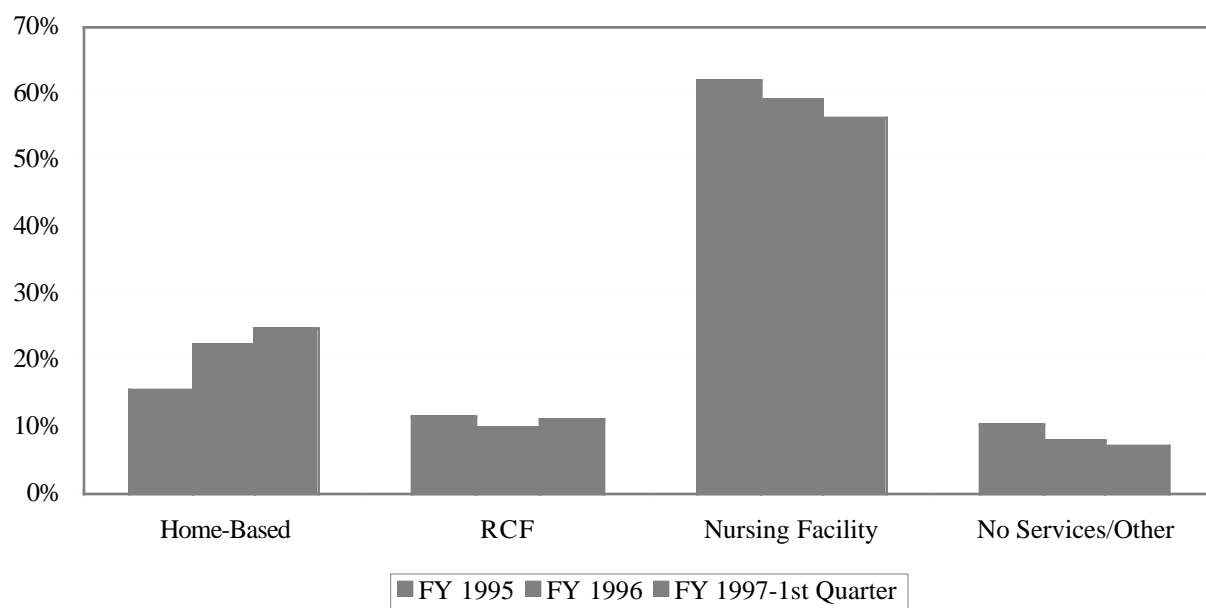
The majority of calls screened by the CRU originated from hospitals (57 percent) or nursing facilities (40 percent). Half of the referrals screened by DA field staff came from nursing facilities and 15 percent were from hospitals. In-home providers were the source of 15 percent and other sources accounted for the remaining 19 percent of referrals screened by DA field staff.

Referral Outcomes

Of the 19,603 referrals, almost one-third or 6,382 resulted in the authorization of home-based services or RCF-based services. In 11,619 screenings, the person entered or remained in a nursing facility. Other outcomes (approximately eight percent, or 1,602 of screening referrals) were cases in which the person may not have received a MCO-funded service, returned to the community on their own resources, improved to where no care was needed or passed away before a long-term care decision could be made.

A comparison of screening outcomes over time shows a statewide trend of increasing choices for home-based care and decreasing outcomes resulting in nursing facility care. Residential care outcomes have remained fairly steady.

MCO Referral Outcomes



Regional Outcomes

Regionally, the Southeast, West Central and Northeast regions had a higher percentage of home-based outcomes and a lower percentage of nursing facility outcomes than the state as a whole. The Metro areas experienced the reverse, with higher percentages of nursing facility outcomes and lower percentages of home-based outcomes. The Southwest and Northwest had the highest percentages of RCF outcomes among regions. (See Appendix A, page 29, for a map of the regions and Appendix C, pages 32-33, for outcomes by county.)

FY 1996 MCO Referral Outcomes					
<u>Region</u>	<u>Total Referrals</u>	<u>Home-Based</u>	<u>RCF</u>	<u>Nursing Facility</u>	<u>No Services/Other</u>
1 South Central	2,380	22.1%	11.0%	59.2%	7.7%
2 Southeast	2,789	42.6%	10.9%	41.3%	5.2%
3 West Central	1,356	36.0%	10.3%	48.5%	5.3%
4 Northwest	1,107	23.0%	14.0%	56.1%	6.9%
5 Northeast	997	31.2%	9.4%	53.9%	5.5%
6 Central	1,966	24.9%	10.3%	57.6%	7.1%
7 Metro Kansas City	3,083	13.2%	8.6%	69.3%	8.9%
8 Metro St. Louis	3,601	9.6%	8.0%	72.6%	9.9%
9 St. Louis City	1,659	16.1%	9.6%	59.0%	15.3%
10 Southwest	665	18.0%	17.1%	57.4%	7.4%
STATE	19,603	22.4%	10.1%	59.3%	8.2%

The metropolitan areas of Jackson County and St. Louis County and City were identified in fiscal year 1995 as falling below the state average of screenings which resulted in home-based care. An internal assessment by the Division of Aging identified areas/issues targeted for improvement:

- In Jackson County, the provider community was facing unique as well as common staff and retention problems. The shortage of provider agencies with staffing levels adequate to serve new clients had limited options for home care. Concerted efforts were made with the provider community and by the end of fiscal year 1996, improvements had been made, nearly doubling the in-home service providers able to take new clients. According to preliminary fiscal year 1997 data, home-based outcomes are increasing: 118 (5.7 percent) in fiscal year 1995 to 253 (11.8 percent) in 1996 to 172 (23.8 percent) for the first quarter of fiscal year 1997.
- A similar initiative in St. Louis County and City to focus on provider capacity began late in fiscal year 1996. Although the results from the collaborative efforts in that area are not yet fully reflected in the data, the first quarter data for fiscal year 1997 indicates improvement. Prior years home-based outcomes were 377 or 9.4 percent in fiscal year 1995 and 513 or 12.0 percent in 1996. For the first quarter of fiscal year 1997, the percentage of home-based outcomes increased to 14.9 percent (147).

(See Appendix D, pages 34-35, for regional outcomes by fiscal year.)

- Beginning in 1997, a pilot program will be instituted in hospitals in St. Louis, Kansas City and Springfield in which designated trained MCO Division of Aging staff will be outstationed in participating hospitals to provide immediate screening, complete Medicaid applications and coordinate access to services with hospital discharge staff. This public private partnership will further the goal of timely access to information and eligibility for state-funded long-term care as well as promote the concept of one-stop services access for persons facing decisions regarding long-term care.

Commitment to staff training for division staff and the appropriate industries coupled with expanded outreach by the Division of Aging are anticipated to strengthen the knowledge, availability and accessibility of home and community-based options. In an effort to ensure the ongoing success of MCO, the division will continue to monitor the outcomes and analyze statewide trends to determine the areas of concentrated needs.

Nursing Facility Outcomes

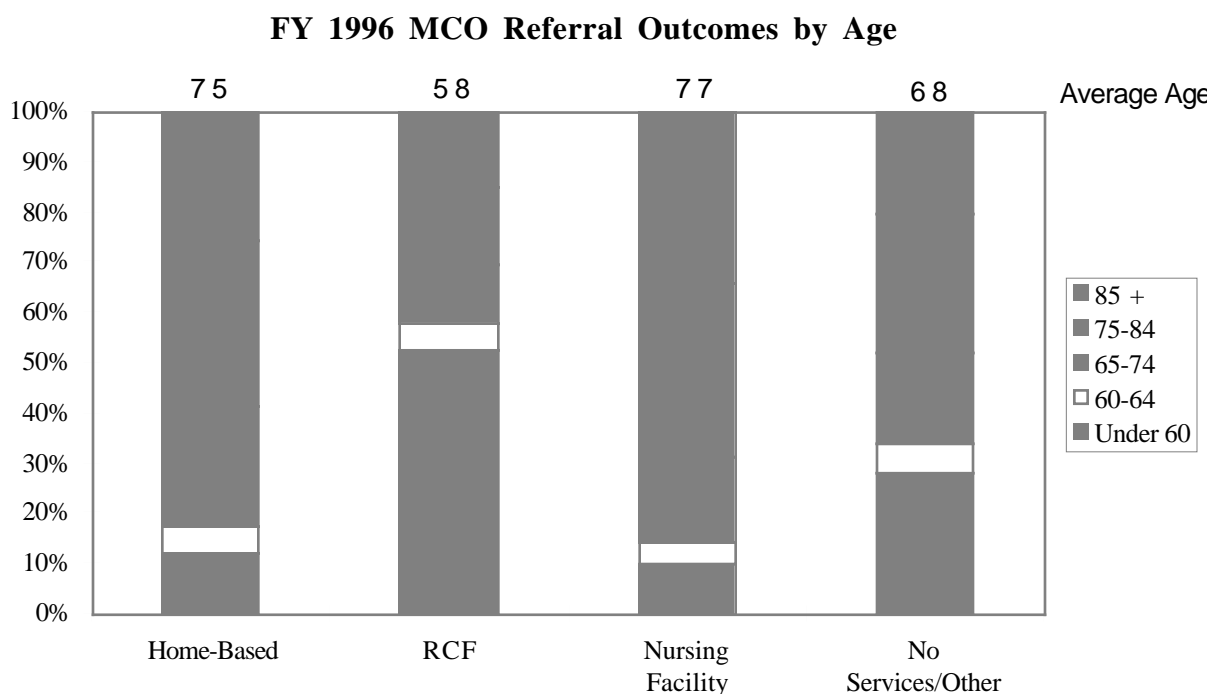
After screening, 11,619 persons chose to enter or remain in a nursing facility. The main reason for their decision was that their care needs could not be met by home and community-based services and/or their families. Around 18 percent, or 2,070 persons decided to enter or stay in a Medicaid nursing facility rather than receive home and community-based services, and around three percent or 378 people chose to enter or remain in a nursing facility for a short time.

Why Nursing Facility Care Was Chosen		
<u>Reason</u>	<u>Number</u>	<u>Percent</u>
Services/family cannot meet needs	8,989	77.4%
Chose to enter/remain in a Medicaid nursing facility	2,070	17.8%
Chose to enter/remain in a short-term Medicaid nursing facility	378	3.2%
RCF not available	28	0.2%
Medicaid eligible only in a nursing facility	21	0.2%
Other	24	0.2%
Reason unknown	109	0.9%

Referral Demographics

Age

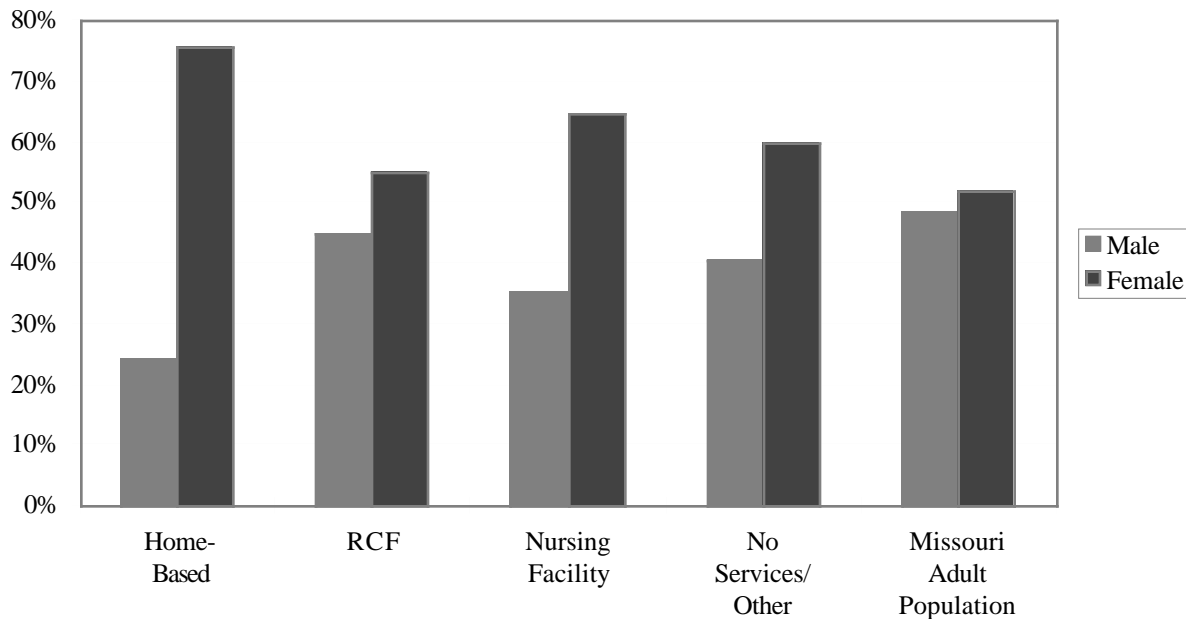
Referrals authorized for personal care in a RCF during fiscal year 1996 were the youngest among referrals with an average age of 58 years old. Half of that group was under the age 60. Those who entered or remained in a nursing facility averaged the oldest age at 77; over two-thirds of the group were 75 or older. Persons authorized to receive in-home services were 75 years old on average, and persons not receiving qualifying services averaged 68 years of age.



Sex

Of the persons screened through MCO, 66 percent were female and 34 percent male. This reflects the older adult population; women are more likely to live longer and be widowed than men and thus are more likely to be in need of long-term care. The split between men and women is greatest for those referrals authorized to receive in-home services, 24 percent vs. 76 percent. The gap is the smallest for authorized RCF clients where 45 percent were men and 55 percent women.

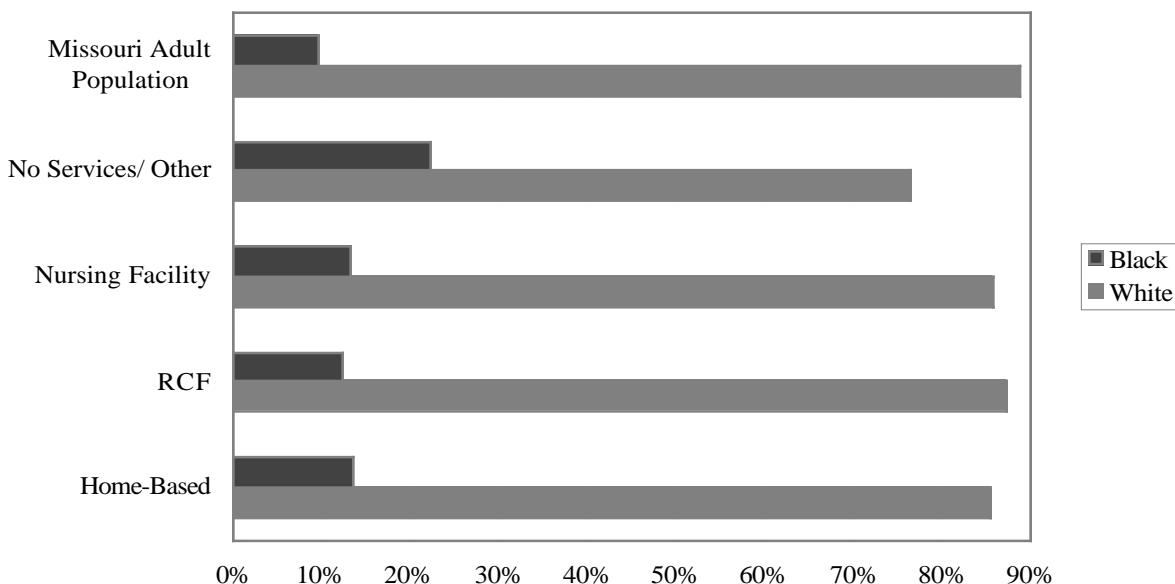
FY 1996 MCO Referral Outcomes by Sex



Race

Compared to the state's adult population of 89 percent white and 10 percent black, a higher percentage of black persons (14 percent) went through the MCO screening process. Of the referrals authorized for home-based services, 14 percent were black and of authorized RCF-personal care persons, 12 percent were black. Of those who entered or remained in a nursing facility, 13 percent were black and of those not receiving qualifying services, 22 percent were black. Persons of a race other than black or white constituted less than one percent of MCO referrals.

FY 1996 MCO Referral Outcomes by Race

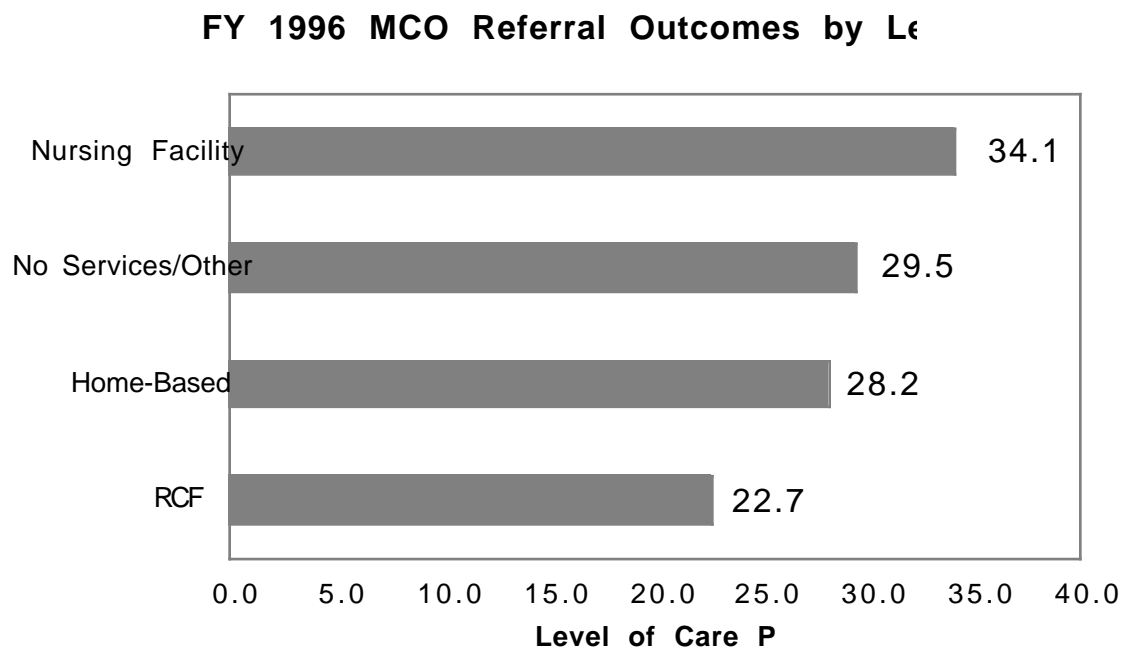


Level of Care

During the screening process, the level of care points for a client are determined from an assessment of that person's medical and functional needs as well as the ability to provide a variety of personal services. A minimum of 18 points is required to be eligible for Medicaid long-term care in a nursing facility or for home and community-based services.

Level of care points averaged 22.7 for referrals authorized for RCF-based services and 28.2 for those authorized for home-based services. The more points, the greater the need for a higher level of care. Thus, it is not surprising that referrals who entered or remained in a nursing facility had the highest average level of care points at 34.1.

The high level of care needs being met through in-home services likely reflects the significant contribution of family caregivers. Additionally, an RCF resident must be able to negotiate a path to safety with assistive devices as needed, whereas a family caregiver often provides this assistance to a higher level of care need recipient at home.



Clients Served

During fiscal year 1996, a total of 8,711 persons received a service funded by MCO appropriations *that was paid for during the fiscal year*. This was around a 66 percent increase from fiscal year 1995. Of the total, 5,166 persons received home-based services while 3,275 people received RCF-based care. There were 270 people who received both RCF- and home-based services during the fiscal year.

Clients Served								
<u>Fiscal Year</u>	<u>Total Clients Served</u>	<u>Yearly Change</u>	<u>Home-Based</u>	<u>Yearly Change</u>	<u>RCF</u>	<u>Yearly Change</u>	<u>Both RCF & Home-Based</u>	<u>Yearly Change</u>
1993	917		909		8		0	
1994	1,902	107.4%	1,779	95.7%	114	1,325.0%	9	
1995	5,253	176.2%	3,231	81.6%	1,898	1,564.9%	124	1,277.8%
1996	8,711	65.8%	5,166	59.9%	3,275	72.6%	270	117.7%

Note: Clients served cannot be directly compared to referrals because clients served may have been referred in a fiscal year prior to the one in which they received a service.

Compared to state percentages, the Southeast, West Central and Central regions had the highest proportion of clients who received home-based services. The Metro Kansas City, Southwest and Metro St. Louis City had the greatest percentages of clients who received RCF-personal care. (See Appendix E, pages 36-37, for clients served by county.)

FY 1996 Clients Served by Region				
<u>Region</u>	<u>Total</u>	<u>Home-Based</u>	<u>RCF</u>	<u>Both RCF & Home-Based</u>
1 South Central	1,069	59.3%	37.7%	3.0%
2 Southeast	2,121	74.4%	23.4%	2.2%
3 West Central	675	68.9%	27.9%	3.3%
4 Northwest	540	56.1%	42.4%	1.5%
5 Northeast	566	58.5%	37.8%	3.7%
6 Central	904	64.4%	33.6%	2.0%
7 Metro Kansas City	781	38.7%	59.8%	1.5%
8 Metro St. Louis	1,021	46.0%	49.4%	4.6%
9 St. Louis City	711	52.5%	42.2%	5.3%
10 Southwest	323	39.9%	52.3%	7.7%
STATE	8,711	59.3%	37.6%	3.1%

The 8,711 clients who received a home or community-based service that was paid for during the fiscal year received over 2 million units of service, averaging 248 units per client. Compared to the 1,365,612 delivered units of service in fiscal year 1995, 58 percent more service units were received in 1996.

Almost half of MCO clients (4,158) received Title XIX (Medicaid) in-home personal care and 41 percent received personal care while residing in a RCF (3,537). Over one-third were recipients of Title XIX homemaker services (3,211) in their homes. Meals were delivered to the homes of 426 MCO clients.

Recipients of Title XIX hourly respite had the highest average units per client at 226. Title XIX RCF-personal care clients followed closely behind, averaging 203 units for the year. This roughly averages to four hours per week.

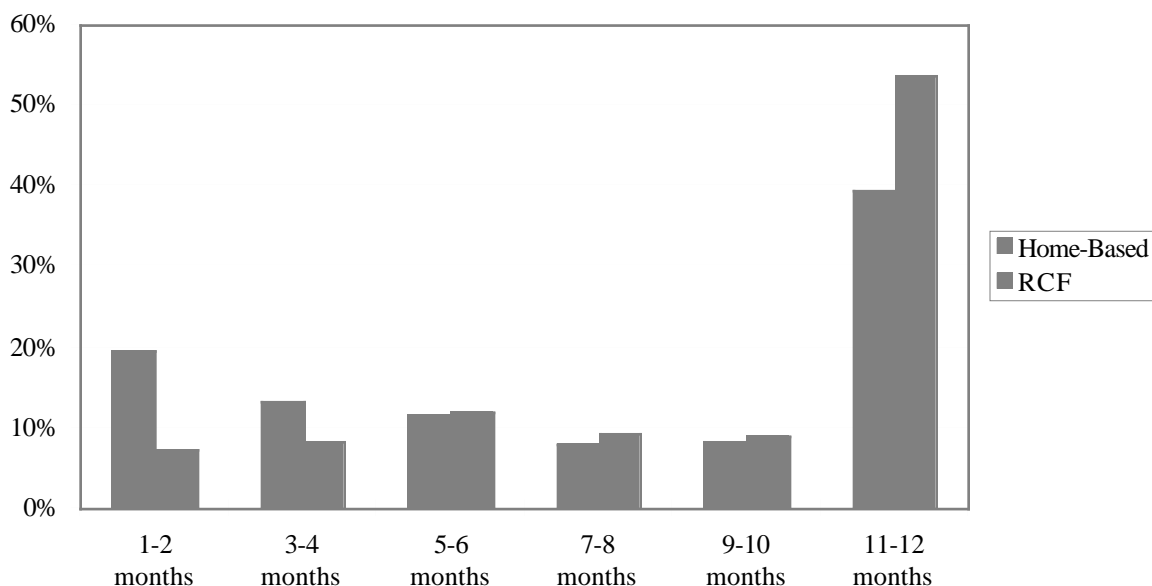
MCO Client Services Paid For During Fiscal Year 1996				
<u>Services</u>	<u>Clients Served</u>	<u>% of Total</u>	<u>Delivered Units*</u>	<u>Average Units Per Client</u>
Title XIX Personal Care	4,158	48%	668,665	161
Title XIX RCF-Personal Care	3,537	41%	717,507	203
Title XIX Homemaker	3,211	37%	341,430	106
Title XIX RN Visits	721	8%	9,528	13
Title XIX Hourly Respite	612	7%	138,346	226
Title XIX Home Health	446	5%	20,970	47
Title XIX Advanced Personal Care	319	4%	46,027	144
Title XIX Adult Day Care	83	1%	5,274	64
Title XIX Respite	14	<1%	345	25
Block Grant Personal Care	758	9%	72,506	96
Block Grant Homemaker	667	8%	42,102	63
Block Grant Hourly Respite	137	2%	18,516	135
Block Grant RN Visits	103	1%	949	9
Block Grant Advanced Personal Care	67	<1%	5,503	82
Title III-C/Home Delivered Meals	426	5%	66,141	155
Title III-B, Title III-D	40	<1%	3,031	76
RCF-Cash Grant	9	<1%	1,143	127
TOTAL (unduplicated)	8,711		2,157,983	248

* 1 unit=1 hour; 1 adult day care unit=1 day; 1 home delivered meal unit=1 meal

MCO clients who received home-based services spent an average of 213 days, or around seven months, as clients during fiscal year 1996. The largest proportion, 32 percent, spent the whole year as clients.

Persons who received RCF-based services averaged 265 days, or almost nine months, as MCO clients. The majority, 45 percent, were clients for the entire year.

Length of Time as MCO Client During FY 1996



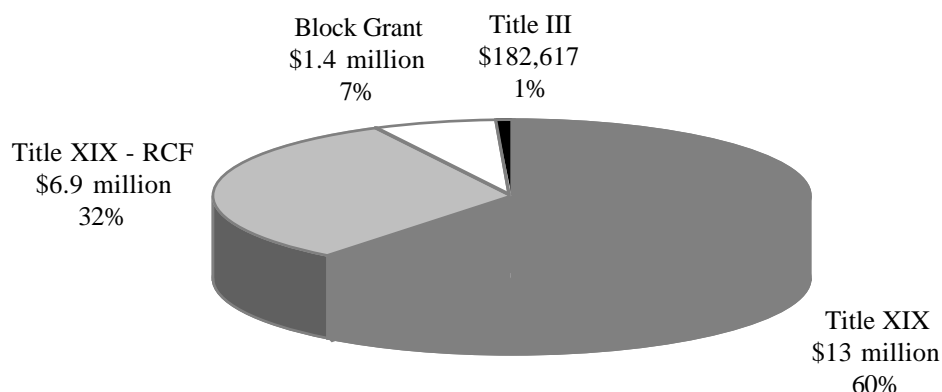
Costs

During fiscal year 1996, the cost of providing services funded by MCO appropriations totaled almost \$22 million, a 63.5 percent increase over fiscal year 1995. The federal portion increased 75 percent to \$13.2 million. General revenue costs amounted to \$8.3 million, up 48 percent from the previous year. The split between general revenue and federal costs was 39 percent and 61 percent respectively.

MCO Costs						
<u>Fiscal Year</u>	<u>General Revenue</u>	<u>Yearly Change</u>	<u>Federal</u>	<u>Yearly Change</u>	<u>Total Costs</u>	<u>Yearly Change</u>
1993	\$450,638		\$673,510		\$1,124,148	
1994	\$1,832,054	306.5%	\$2,304,203	242.1%	\$4,136,257	267.9%
1995	\$5,596,294	205.5%	\$7,589,053	229.4%	\$13,185,347	218.8%
1996	\$8,301,467	48.3%	\$13,254,624	74.6%	\$21,556,091	63.5%

The majority of MCO services was funded by Title XIX (Medicaid) dollars (\$13 million). Almost one-third of funds (\$6.9 million) were spent for personal care services in a RCF, also funded by Title XIX dollars. Block grant monies were used for seven percent of service costs (\$1.4 million). Title III accounted for almost one percent (\$182,617) and RCF-cash grants accounted for less than one percent of funding (\$8,671).

FY 1996 MCO Costs by Funding Source



Nursing Facility Cost Avoidance

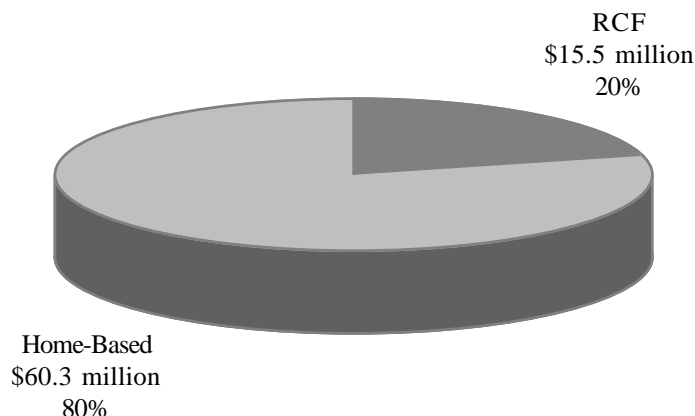
Nursing facility cost avoidance amounts were determined by subtracting the actual service costs for MCO clients from the costs of a Medicaid nursing facility* for the same number of days served as clients. During fiscal year 1996, nursing facility costs avoided totaled more than \$75 million, a 55 percent increase from the previous year. This is a result of more authorized clients and a greater number of clients authorized for a longer period of time.

Nursing Facility Cost Avoidance						
<u>Fiscal Year</u>	<u>General Revenue</u>	<u>Yearly Change</u>	<u>Federal</u>	<u>Yearly Change</u>	<u>Total Cost Avoidance</u>	<u>Yearly Change</u>
1993	\$2,084,938		\$3,140,844		\$5,225,782	
1994	\$6,114,001	193.2%	\$9,583,170	205.1%	\$15,697,171	200.4%
1995	\$19,840,968	224.5%	\$28,971,341	202.3%	\$48,812,309	211.0%
1996	\$31,631,092	59.4%	\$44,185,251	52.5%	\$75,816,343	55.3%

* FY 1993 and FY 1994 Medicaid per diem rate: \$16.00 GR, \$24.00 Federal
 FY 1995 and FY 1996 Medicaid per diem rate: \$18.72 GR, \$26.96 Federal

Around 20 percent, or \$15.5 million, of total avoided costs were attributable to MCO clients receiving personal care in a RCF. Costs avoided for clients receiving in-home services amounted to \$60.3 million, almost 80 percent of the total.

**FY 1996 Nursing Facility Cost Avoidance
 Attributable to Clients Choosing Home and
 Community-Based Services**



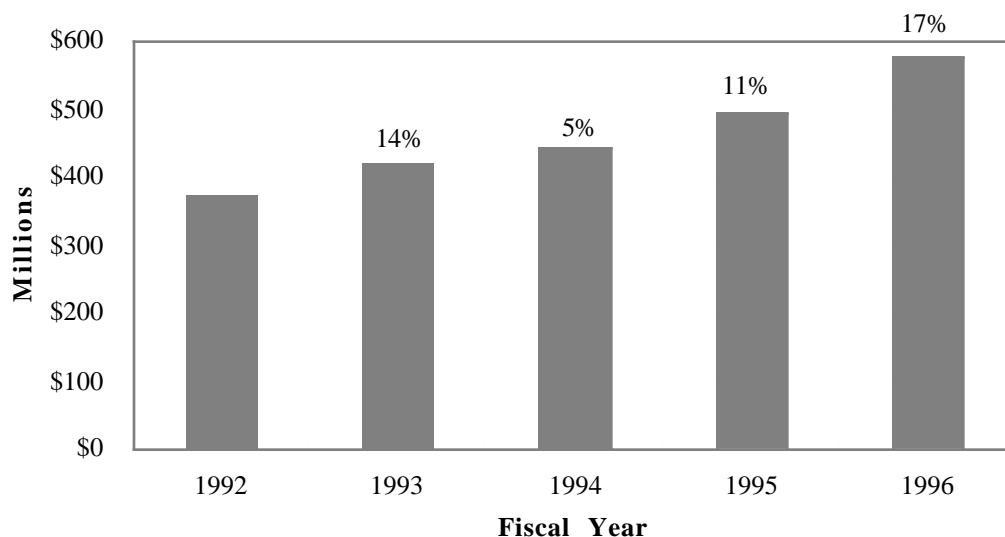
LONG-TERM CARE REIMBURSEMENTS

Note: Included in the statistics are Medicaid recipients who were screened through MCO as well as those who *were not part* of the MCO program.

Nursing Facility Medicaid Reimbursements

Medicaid reimbursements to nursing facilities continued to increase in fiscal year 1996, growing to \$575 million, a 17 percent jump from the previous year. The growth was fueled by the January 1995 rebasing of per diem rates, which resulted in an average rate increase of \$11.69 per day.

Nursing Facility Medicaid Reimbursements

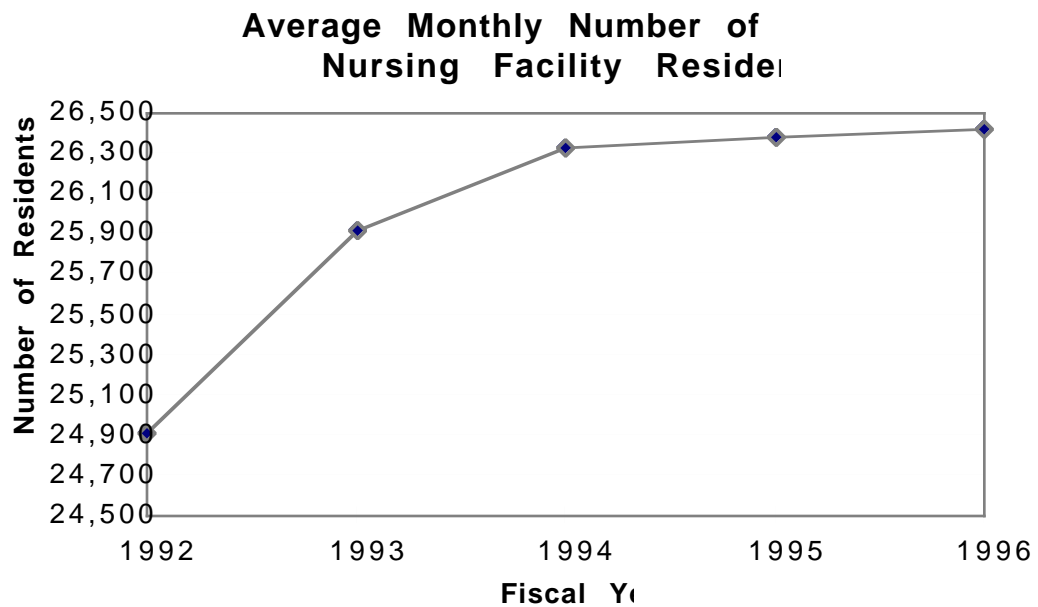
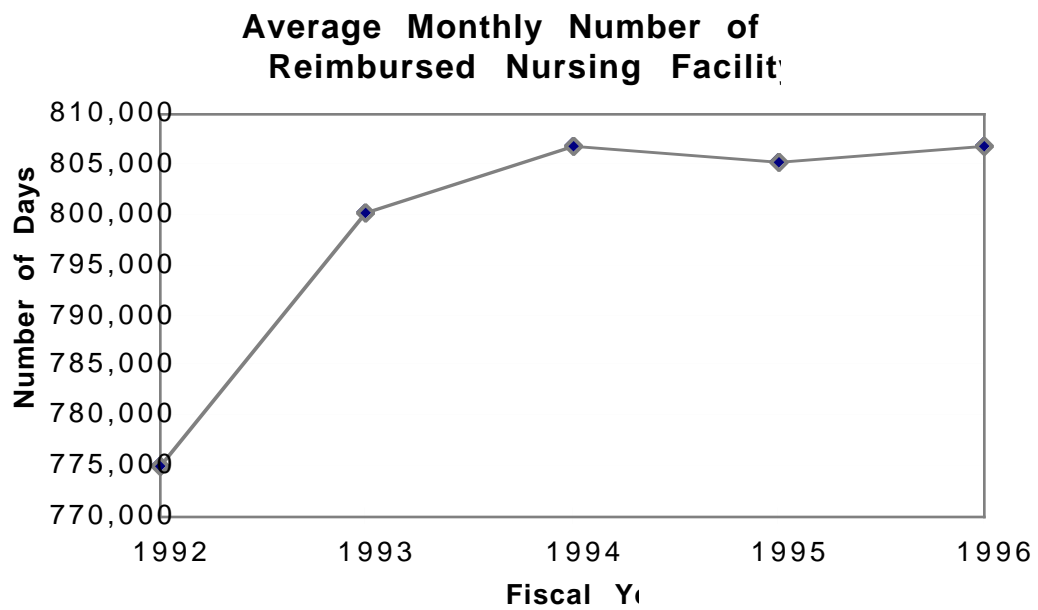


While reimbursements continued to increase each year, the amount of reimbursed days and the number of residents remained relatively stable over the past three years. During fiscal year 1996, the average monthly number of Medicaid nursing facility residents rose only 0.1 percent to 26,415 and the number of reimbursed days grew only 0.2 percent from the previous year to 806,710.

Average Monthly Medicaid Nursing Facility Statistics

<u>Fiscal Year</u>	<u>Reimbursements</u>	<u>Yearly Change</u>	<u>Reimbursed Days</u>	<u>Yearly Change</u>	<u>Residents</u>	<u>Yearly Change</u>
1992	\$30,960,048		774,918		24,908	
1993	\$35,129,255	13.5%	800,285	3.3%	25,917	4.0%
1994	\$36,856,841	4.9%	806,691	0.8%	26,323	1.6%
1995	\$41,072,198*	11.4%	805,259	-0.2%	26,378	0.2%
1996	\$47,898,721*	16.6%	806,710	0.2%	26,415	0.1%

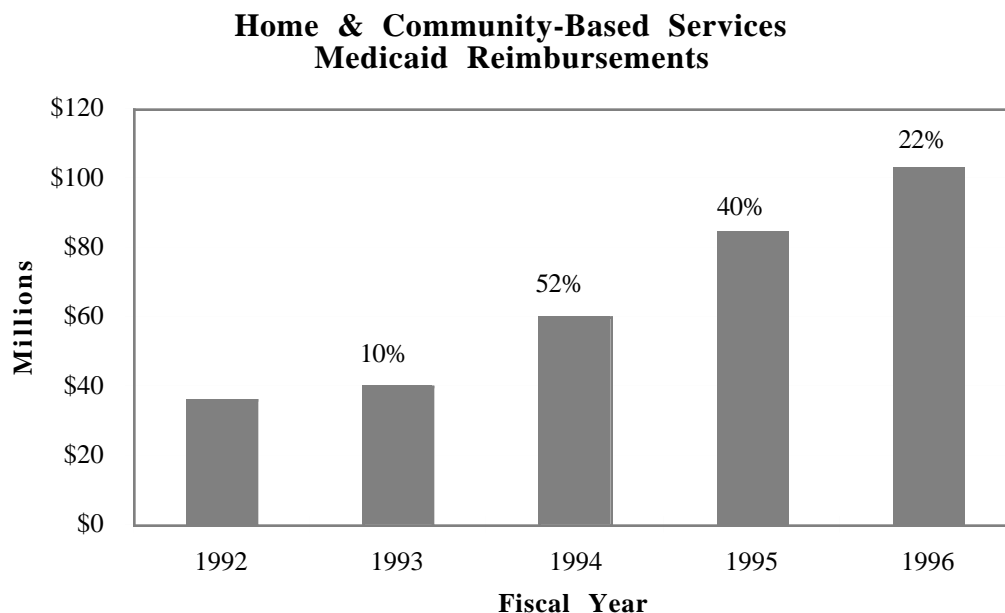
* includes Federal Reimbursement Allowance (FRA)



Home & Community-Based Services

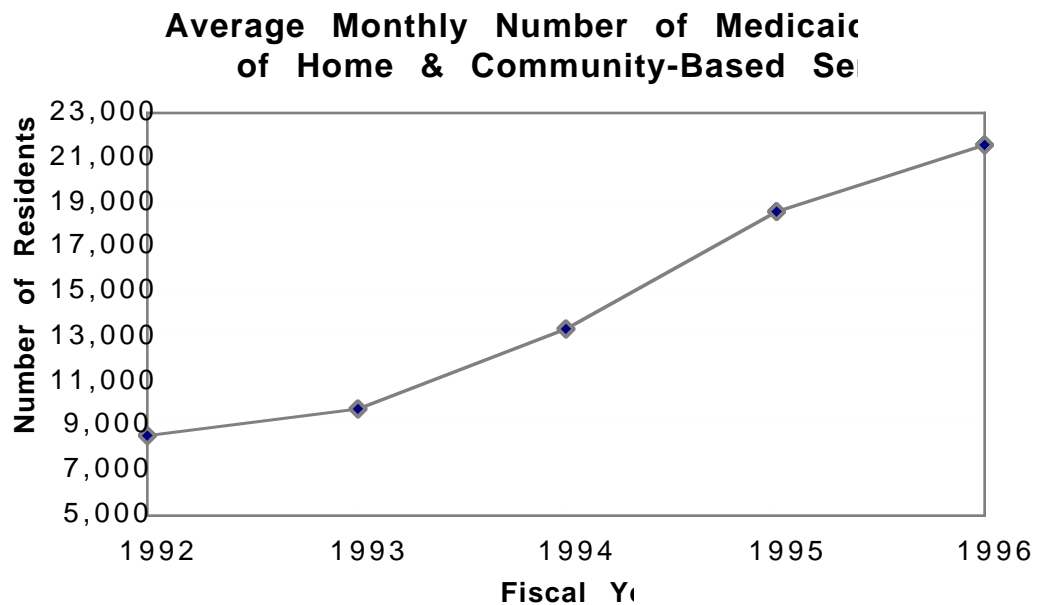
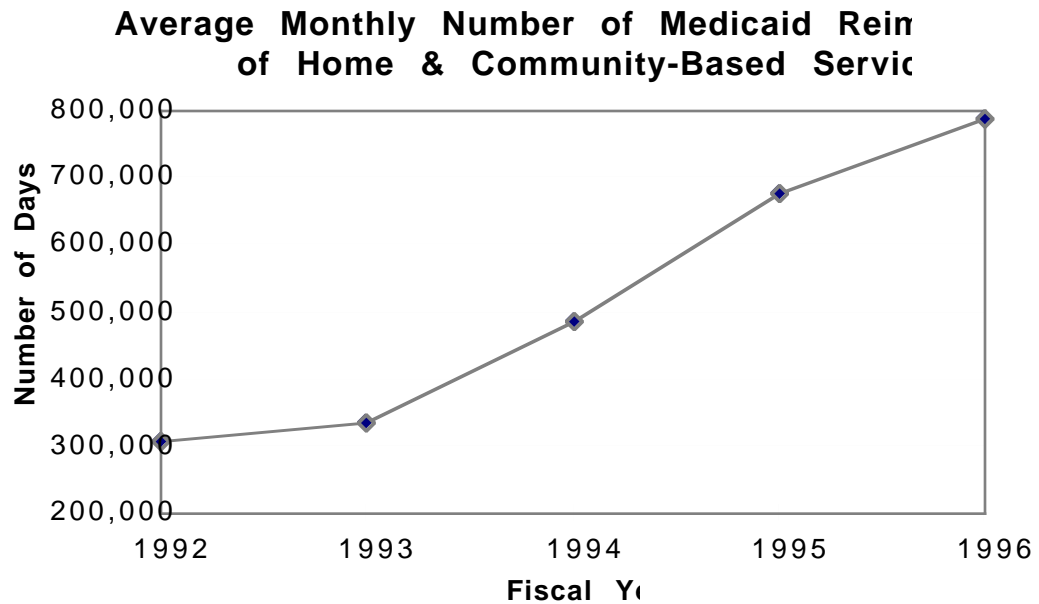
Medicaid Reimbursements

Medicaid reimbursements for recipients of home and community-based services (home health, adult day care, homemaker/respite care, personal care, AIDS waiver) increased 22 percent in fiscal year 1996 to around \$103 million. This is almost triple the amount reimbursed during fiscal year 1992.



The continued increase in Medicaid reimbursements for home and community-based services can largely be attributed to the continued increase in the number of persons receiving such services. Average monthly recipients rose 16 percent during fiscal year 1996 to 21,540 persons. The average monthly total number of units authorized for all clients increased by 17 percent to 787,585.

Average Monthly Medicaid Home & Community-Based Services Statistics						
<u>Fiscal Year</u>	<u>Reimbursements</u>	<u>Yearly Change</u>	<u>Reimbursed Units</u>	<u>Yearly Change</u>	<u>Recipients</u>	<u>Yearly Change</u>
1992	\$3,000,515		307,337		8,535	
1993	\$3,303,404	10.1%	336,862	9.6%	9,753	14.3%
1994	\$5,025,383	52.1%	484,988	44.0%	13,369	37.1%
1995	\$7,053,762	40.4%	675,182	39.2%	18,547	38.7%
1996	\$8,581,603	21.7%	787,585	16.6%	21,540	16.1%



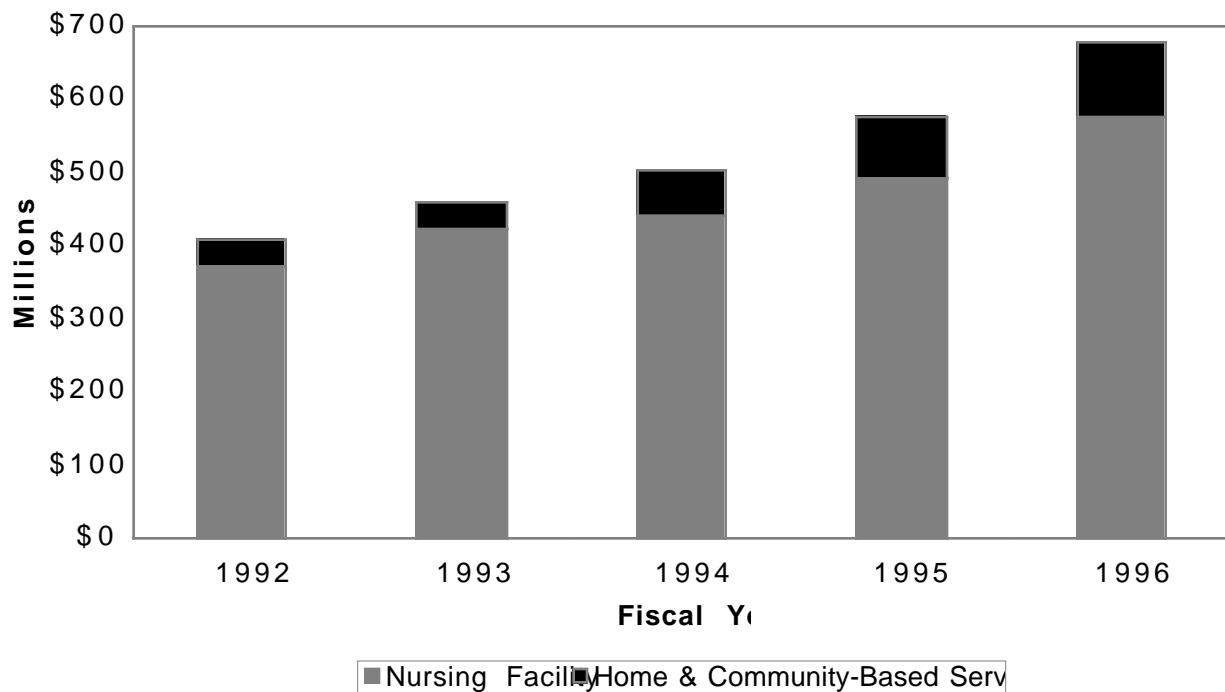
Medicaid Long-Term Care Reimbursements

Medicaid long-term care reimbursements increased 17 percent from fiscal year 1995 to 1996 to a total of \$677.8 million. Nursing facility reimbursements accounted for almost 85 percent of the total (\$574.8 million) and home and community-based services payments made up the remaining 15 percent (\$103 million). Since fiscal year 1993, the home and community-based services' share of total reimbursements has been increasing.

Medicaid Long-Term Care Reimbursements					
<u>Fiscal Year</u>	<u>Nursing Facility Reimbursements</u>	<u>% of Total</u>	<u>Home & Community-Based Services Reimbursements</u>	<u>% of Total</u>	<u>Total Reimbursements</u>
1992	\$371,520,577	91.2%	\$36,006,181	8.8%	\$407,526,758
1993	\$421,551,061	91.4%	\$39,640,849	8.6%	\$461,191,910
1994	\$442,282,098	88.0%	\$60,604,092	12.0%	\$502,586,190
1995	\$492,866,371*	85.3%	\$84,645,143	14.7%	\$577,511,514
1996	\$574,784,655*	84.8%	\$102,979,238	15.2%	\$677,763,893

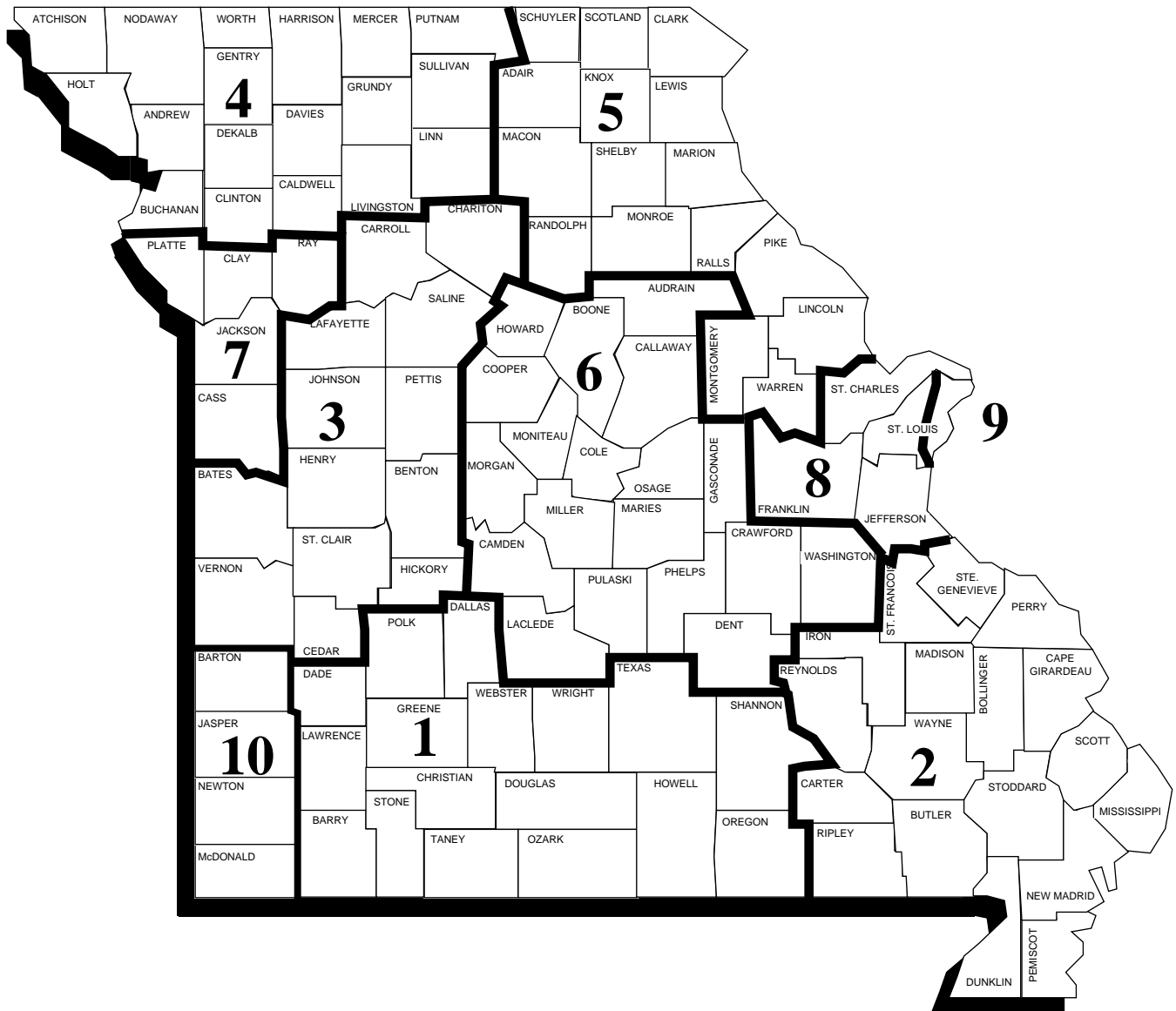
* includes Federal Reimbursement Allowance (FRA)

Medicaid Long-Term Reimbu



Note: Nursing facility reimbursements for fiscal years 1995 & 1996 include Federal Reimbursement Allowance (FRA).

APPENDIX



- | | | | |
|---|---------------|----|-------------------|
| 1 | South Central | 6 | Central |
| 2 | Southeast | 7 | Metro Kansas City |
| 3 | West Central | 8 | Metro St. Louis |
| 4 | Northwest | 9 | St. Louis City |
| 5 | Northeast | 10 | Southwest |

Appendix B. Referrals by County FY 1996

County		Medicaid Eligibles*		% 60+ in NF**	Referrals Received	Screened by CRU***	% of Referrals	Screened by Field Staff	% of Referrals
		18+	% 60+						
REGION 1	BARRY	1,680	40.7%	4.7%	109	21	19.3%	88	80.7%
	CHRISTIAN	1,439	38.7%	5.9%	151	11	7.3%	140	92.7%
	DADE	488	50.8%	9.6%	47	10	21.3%	37	78.7%
	DALLAS	848	43.2%	3.8%	85	7	8.2%	78	91.8%
	DOUGLAS	915	45.8%	3.7%	65	1	1.5%	64	98.5%
	GREENE	9,108	33.1%	5.5%	823	227	27.6%	596	72.4%
	HOWELL	2,642	44.2%	6.6%	270	49	18.1%	221	81.9%
	LAWRENCE	1,585	42.6%	4.6%	158	52	32.9%	106	67.1%
	OREGON	984	47.6%	4.1%	75	6	8.0%	69	92.0%
	OZARK	773	43.2%	3.7%	40	5	12.5%	35	87.5%
	POLK	1,259	44.5%	6.0%	133	30	22.6%	103	77.4%
	SHANNON	770	42.9%	3.3%	41	2	4.9%	39	95.1%
	STONE	1,066	37.4%	2.7%	58	9	15.5%	49	84.5%
	TANEY	1,120	39.9%	3.2%	102	10	9.8%	92	90.2%
	TEXAS	1,645	39.5%	3.9%	72	18	25.0%	54	75.0%
	WEBSTER	1,207	45.7%	4.4%	75	6	8.0%	69	92.0%
	WRIGHT	1,492	43.8%	4.2%	76	9	11.8%	67	88.2%
	* REGION 1 TOTAL *	29,021	39.7%	4.9%	2,380	473	19.9%	1,907	80.1%
REGION 2	BOLLINGER	702	45.3%	3.7%	56	2	3.6%	54	96.4%
	BUTLER	3,899	40.1%	5.1%	332	45	13.6%	287	86.4%
	CAPE GIRARDEAU	2,673	37.6%	6.1%	326	106	32.5%	220	67.5%
	CARTER	659	41.3%	3.5%	42	3	7.1%	39	92.9%
	DUNKLIN	4,600	43.6%	6.6%	325	10	3.1%	315	96.9%
	IRON	1,073	43.0%	12.8%	80	12	15.0%	68	85.0%
	MADISON	940	43.9%	5.3%	72	15	20.8%	57	79.2%
	MISSISSIPPI	1,879	41.8%	7.0%	161	12	7.5%	149	92.5%
	NEW MADRID	2,429	48.8%	6.4%	138	8	5.8%	130	94.2%
	PEMISCOT	3,350	41.6%	3.7%	190	22	11.6%	168	88.4%
	PERRY	751	47.4%	8.0%	66	18	27.3%	48	72.7%
	REYNOLDS	635	38.6%	4.0%	53	1	1.9%	52	98.1%
	RIPLEY	1,608	40.1%	3.7%	65	2	3.1%	63	96.9%
	ST FRANCOIS	3,688	31.8%	5.3%	290	46	15.9%	244	84.1%
	STE GENEVIEVE	635	35.0%	5.5%	46	11	23.9%	35	76.1%
	SCOTT	3,153	39.9%	5.0%	251	21	8.4%	230	91.6%
	STODDARD	2,403	48.1%	5.1%	234	28	12.0%	206	88.0%
	WAYNE	1,458	40.1%	3.7%	62	5	8.1%	57	91.9%
	* REGION 2 TOTAL *	36,535	41.2%	5.6%	2,789	367	13.2%	2,422	86.8%
REGION 3	BATES	870	43.4%	6.1%	89	21	23.6%	68	76.4%
	BENTON	978	41.4%	4.2%	94	9	9.6%	85	90.4%
	CARROLL	578	42.7%	3.7%	28	1	3.6%	27	96.4%
	CEDAR	879	47.4%	6.5%	70	13	18.6%	57	81.4%
	CHARITON	476	60.3%	5.2%	50	13	26.0%	37	74.0%
	HENRY	1,285	37.8%	5.2%	122	36	29.5%	86	70.5%
	HICKORY	594	42.1%	3.5%	52	3	5.8%	49	94.2%
	JOHNSON	1,419	31.0%	5.7%	131	10	7.6%	121	92.4%
	LAFAYETTE	1,382	32.9%	4.6%	143	15	10.5%	128	89.5%
	PETTIS	1,910	39.4%	2.2%	216	47	21.8%	169	78.2%
	ST CLAIR	653	45.2%	6.4%	60	24	40.0%	36	60.0%
	SALINE	1,514	37.3%	5.7%	171	16	9.4%	155	90.6%
	VERNON	1,322	38.0%	4.8%	130	39	30.0%	91	70.0%
	* REGION 3 TOTAL *	13,860	39.5%	4.8%	1,356	247	18.2%	1,109	81.8%
REGION 4	ANDREW	563	48.1%	8.1%	34	5	14.7%	29	85.3%
	ATCHISON	306	59.2%	7.7%	28	4	14.3%	24	85.7%
	BUCHANAN	4,930	29.6%	5.8%	401	81	20.2%	320	79.8%
	CALDWELL	427	44.5%	8.0%	37	6	16.2%	31	83.8%
	CLINTON	599	39.1%	8.8%	51	13	25.5%	38	74.5%
	DAVISS	340	47.9%	5.0%	35	6	17.1%	29	82.9%
	DE KALB	444	50.7%	10.4%	57	8	14.0%	49	86.0%
	GENTRY	404	56.2%	10.0%	39	15	38.5%	24	61.5%
	GRUNDY	694	50.4%	8.0%	70	7	10.0%	63	90.0%
	HARRISON	506	50.2%	6.9%	37	9	24.3%	28	75.7%
	HOLT	256	57.8%	6.6%	24	4	16.7%	20	83.3%
	LINN	785	53.8%	8.5%	57	6	10.5%	51	89.5%
	LIVINGSTON	825	46.5%	9.0%	73	23	31.5%	50	68.5%
	MERCER	212	58.5%	3.0%	11	0	0.0%	11	100.0%

Appendix B. Referrals by County FY 1996

	County	Medicaid Eligibles*		% 60+ in NF**	Referrals Received	Screened by CRU***	% of Referrals	Screened by Field Staff	% of Referrals
		18+	% 60+						
REGION 5	NODAWAY	694	45.4%	5.6%	74	20	27.0%	54	73.0%
	PUTNAM	323	44.3%	2.4%	21	6	28.6%	15	71.4%
	SULLIVAN	565	52.6%	8.7%	50	2	4.0%	48	96.0%
	WORTH	149	49.0%	10.1%	8	5	62.5%	3	37.5%
	* REGION 4 TOTAL *	13,022	41.9%	7.1%	1,107	220	19.9%	887	80.1%
	ADAIR	1,133	39.9%	8.4%	111	22	19.8%	89	80.2%
	CLARK	428	45.8%	5.4%	29	0	0.0%	29	100.0%
	KNOX	264	51.9%	5.2%	24	3	12.5%	21	87.5%
	LEWIS	545	49.9%	10.3%	84	15	17.9%	69	82.1%
	LINCOLN	1,193	34.0%	5.1%	91	17	18.7%	74	81.3%
REGION 6	MACON	746	50.8%	7.2%	77	13	16.9%	64	83.1%
	MARION	1,851	38.8%	7.4%	178	57	32.0%	121	68.0%
	MONROE	381	50.7%	7.2%	30	3	10.0%	27	90.0%
	MONTGOMERY	611	49.9%	8.7%	50	13	26.0%	37	74.0%
	PIKE	968	46.1%	7.2%	51	5	9.8%	46	90.2%
	RALLS	383	40.5%	3.0%	25	2	8.0%	23	92.0%
	RANDOLPH	1,522	39.3%	6.5%	121	20	16.5%	101	83.5%
	SCHUYLER	277	54.9%	5.0%	26	2	7.7%	24	92.3%
	SCOTLAND	345	54.5%	8.7%	36	2	5.6%	34	94.4%
	SHELBY	359	53.5%	9.2%	48	3	6.3%	45	93.8%
	WARREN	676	33.0%	1.8%	16	0	0.0%	16	100.0%
	* REGION 5 TOTAL *	11,682	42.9%	6.7%	997	177	17.8%	820	82.2%
REGION 7	AUDRAIN	1,082	37.2%	7.3%	80	16	20.0%	64	80.0%
	BOONE	3,909	24.5%	7.2%	388	148	38.1%	240	61.9%
	CALLAWAY	1,323	31.7%	5.1%	72	11	15.3%	61	84.7%
	CAMDEN	1,148	37.6%	2.3%	124	36	29.0%	88	71.0%
	COLE	1,933	30.8%	7.7%	216	70	32.4%	146	67.6%
	COOPER	624	47.0%	5.0%	50	15	30.0%	35	70.0%
	CRAWFORD	1,299	35.6%	4.8%	73	12	16.4%	61	83.6%
	DENT	1,102	41.7%	4.5%	91	3	3.3%	88	96.7%
	GASCONADE	536	54.7%	6.2%	65	13	20.0%	52	80.0%
	HOWARD	473	50.7%	4.1%	39	2	5.1%	37	94.9%
REGION 8	LACLEDE	1,719	40.4%	3.1%	153	11	7.2%	142	92.8%
	MARIES	452	43.6%	4.8%	22	2	9.1%	20	90.9%
	MILLER	1,221	40.1%	4.3%	57	12	21.1%	45	78.9%
	MONITEAU	432	53.9%	5.9%	43	3	7.0%	40	93.0%
	MORGAN	982	40.6%	3.7%	137	15	10.9%	122	89.1%
	OSAGE	335	55.2%	2.4%	37	12	32.4%	25	67.6%
	PHELPS	1,919	34.8%	7.2%	143	16	11.2%	127	88.8%
	PULASKI	1,438	34.4%	4.5%	97	3	3.1%	94	96.9%
	WASHINGTON	2,204	28.8%	3.1%	79	21	26.6%	58	73.4%
	* REGION 6 TOTAL *	24,131	35.4%	5.4%	1,966	421	21.4%	1,545	78.6%
REGION 9	CASS	1,879	35.9%	5.3%	235	50	21.3%	185	78.7%
	CLAY	3,569	35.4%	4.8%	426	102	23.9%	324	76.1%
	JACKSON	31,992	26.0%	4.4%	2,145	677	31.6%	1,468	68.4%
	PLATTE	1,092	39.7%	6.0%	175	35	20.0%	140	80.0%
	RAY	737	38.5%	5.6%	102	16	15.7%	86	84.3%
	* REGION 7 TOTAL *	39,269	28.0%	4.6%	3,083	880	28.5%	2,203	71.5%
	FRANKLIN	2,885	36.4%	4.8%	210	64	30.5%	146	69.5%
	JEFFERSON	5,527	29.5%	5.8%	468	57	12.2%	411	87.8%
	ST CHARLES	4,320	28.9%	5.5%	319	97	30.4%	222	69.6%
	ST LOUIS COUNTY	27,186	30.4%	4.4%	2,604	750	28.8%	1,854	71.2%
REGION 10	* REGION 8 TOTAL *	39,918	30.5%	4.6%	3,601	968	26.9%	2,633	73.1%
	ST LOUIS CITY	42,042	22.8%	4.1%	1,659	491	29.6%	1,168	70.4%
	BARTON	604	40.1%	3.4%	46	2	4.3%	44	95.7%
	JASPER	5,526	35.8%	3.3%	366	53	14.5%	313	85.5%
	MCDONALD	1,314	35.4%	3.2%	58	5	8.6%	53	91.4%
	NEWTON	2,145	44.3%	4.5%	195	55	28.2%	140	71.8%
	* REGION 10 TOTAL *	9,589	37.9%	3.6%	665	115	17.3%	550	82.7%
	STATE TOTAL	259,069	33.8%	5.0%	19,603	4,359	22.2%	15,244	77.8%

* Medicaid eligibles based on the average monthly number of eligible individuals, ages 18 or older, issued Medicaid cards during FY 1996.

** % 60+ in a Nursing Facility (NF) based on 1990 Census data.

*** Division of Aging's Central Registry Unit (CRU) receives MCO referrals and screens those referrals in immediate need of nursing facility care.

Note: Referrals may include more than one referral per person. During FY 1996, there were 1,601 persons with multiple referrals.

Appendix C. Referral Outcomes by County FY 1996

County	Total Referrals	Home-Based	% of Referrals	RCF	% of Referrals	Nursing Facility	% of Referrals	No Services/ Other*	% of Referrals
REGION 1									
BARRY	109	21	19.3%	14	12.8%	69	63.3%	5	4.6%
CHRISTIAN	151	26	17.2%	56	37.1%	52	34.4%	17	11.3%
DADE	47	18	38.3%	0	0.0%	27	57.4%	2	4.3%
DALLAS	85	26	30.6%	15	17.6%	32	37.6%	12	14.1%
DOUGLAS	65	28	43.1%	11	16.9%	21	32.3%	5	7.7%
GREENE	823	116	14.1%	74	9.0%	558	67.8%	75	9.1%
HOWELL	270	78	28.9%	14	5.2%	155	57.4%	23	8.5%
LAWRENCE	158	26	16.5%	15	9.5%	105	66.5%	12	7.6%
OREGON	75	35	46.7%	1	1.3%	37	49.3%	2	2.7%
OZARK	40	19	47.5%	0	0.0%	20	50.0%	1	2.5%
POLK	133	29	21.8%	19	14.3%	75	56.4%	10	7.5%
SHANNON	41	24	58.5%	2	4.9%	12	29.3%	3	7.3%
STONE	58	8	13.8%	5	8.6%	45	77.6%	0	0.0%
TANEY	102	12	11.8%	8	7.8%	78	76.5%	4	3.9%
TEXAS	72	15	20.8%	7	9.7%	48	66.7%	2	2.8%
WEBSTER	75	20	26.7%	14	18.7%	36	48.0%	5	6.7%
WRIGHT	76	26	34.2%	6	7.9%	39	51.3%	5	6.6%
* REGION 1 TOTAL *	2,380	527	22.1%	261	11.0%	1,409	59.2%	183	7.7%
REGION 2									
BOLLINGER	56	26	46.4%	10	17.9%	11	19.6%	9	16.1%
BUTLER	332	166	50.0%	39	11.7%	111	33.4%	16	4.8%
CAPE GIRARDEAU	326	78	23.9%	48	14.7%	181	55.5%	19	5.8%
CARTER	42	28	66.7%	6	14.3%	7	16.7%	1	2.4%
DUNKLIN	325	178	54.8%	20	6.2%	112	34.5%	15	4.6%
IRON	80	35	43.8%	11	13.8%	34	42.5%	0	0.0%
MADISON	72	14	19.4%	1	1.4%	53	73.6%	4	5.6%
MISSISSIPPI	161	84	52.2%	1	0.6%	69	42.9%	7	4.3%
NEW MADRID	138	97	70.3%	0	0.0%	35	25.4%	6	4.3%
PEMISCOT	190	119	62.6%	1	0.5%	67	35.3%	3	1.6%
PERRY	66	15	22.7%	5	7.6%	43	65.2%	3	4.5%
REYNOLDS	53	36	67.9%	4	7.5%	11	20.8%	2	3.8%
RIPLEY	65	25	38.5%	9	13.8%	28	43.1%	3	4.6%
ST FRANCOIS	290	46	15.9%	75	25.9%	144	49.7%	25	8.6%
STE GENEVIEVE	46	10	21.7%	15	32.6%	19	41.3%	2	4.3%
SCOTT	251	87	34.7%	28	11.2%	116	46.2%	20	8.0%
STODDARD	234	117	50.0%	30	12.8%	79	33.8%	8	3.4%
WAYNE	62	27	43.5%	2	3.2%	32	51.6%	1	1.6%
* REGION 2 TOTAL *	2,789	1,188	42.6%	305	10.9%	1,152	41.3%	144	5.2%
REGION 3									
BATES	89	25	28.1%	13	14.6%	44	49.4%	7	7.9%
BENTON	94	31	33.0%	14	14.9%	45	47.9%	4	4.3%
CARROLL	28	11	39.3%	2	7.1%	11	39.3%	4	14.3%
CEDAR	70	23	32.9%	9	12.9%	37	52.9%	1	1.4%
CHARITON	50	14	28.0%	0	0.0%	35	70.0%	1	2.0%
HENRY	122	39	32.0%	10	8.2%	72	59.0%	1	0.8%
HICKORY	52	29	55.8%	0	0.0%	20	38.5%	3	5.8%
JOHNSON	131	63	48.1%	11	8.4%	45	34.4%	12	9.2%
LAFAYETTE	143	63	44.1%	3	2.1%	73	51.0%	4	2.8%
PETTIS	216	55	25.5%	29	13.4%	118	54.6%	14	6.5%
ST CLAIR	60	16	26.7%	0	0.0%	41	68.3%	3	5.0%
SALINE	171	83	48.5%	23	13.5%	49	28.7%	16	9.4%
VERNON	130	36	27.7%	25	19.2%	67	51.5%	2	1.5%
* REGION 3 TOTAL *	1,356	488	36.0%	139	10.3%	657	48.5%	72	5.3%
RE3GION 4									
ANDREW	34	8	23.5%	1	2.9%	23	67.6%	2	5.9%
ATCHISON	28	4	14.3%	0	0.0%	22	78.6%	2	7.1%
BUCHANAN	401	79	19.7%	81	20.2%	202	50.4%	39	9.7%
CALDWELL	37	11	29.7%	4	10.8%	20	54.1%	2	5.4%
CLINTON	51	10	19.6%	1	2.0%	36	70.6%	4	7.8%
DAVISS	35	13	37.1%	0	0.0%	20	57.1%	2	5.7%
DE KALB	57	9	15.8%	19	33.3%	26	45.6%	3	5.3%
GENTRY	39	3	7.7%	2	5.1%	31	79.5%	3	7.7%
GRUNDY	70	21	30.0%	4	5.7%	40	57.1%	5	7.1%
HARRISON	37	11	29.7%	2	5.4%	22	59.5%	2	5.4%
HOLT	24	8	33.3%	0	0.0%	16	66.7%	0	0.0%
LINN	57	24	42.1%	5	8.8%	28	49.1%	0	0.0%
LIVINGSTON	73	10	13.7%	9	12.3%	51	69.9%	3	4.1%
MERCER	11	8	72.7%	1	9.1%	1	9.1%	1	9.1%

Appendix C. Referral Outcomes by County FY 1996

	County	Total Referrals	Home-Based	% of Referrals	RCF	% of Referrals	Nursing Facility	% of Referrals	No Services/Other*	% of Referrals
REGION 5	NODAWAY	74	17	23.0%	8	10.8%	44	59.5%	5	6.8%
	PUTNAM	21	6	28.6%	1	4.8%	14	66.7%	0	0.0%
	SULLIVAN	50	12	24.0%	16	32.0%	19	38.0%	3	6.0%
	WORTH	8	1	12.5%	1	12.5%	6	75.0%	0	0.0%
	* REGION 4 TOTAL *	1,107	255	23.0%	155	14.0%	621	56.1%	76	6.9%
	ADAIR	111	46	41.4%	6	5.4%	50	45.0%	9	8.1%
	CLARK	29	13	44.8%	0	0.0%	15	51.7%	1	3.4%
	KNOX	24	7	29.2%	7	29.2%	5	20.8%	5	20.8%
	LEWIS	84	12	14.3%	2	2.4%	67	79.8%	3	3.6%
	LINCOLN	91	11	12.1%	21	23.1%	57	62.6%	2	2.2%
	MACON	77	29	37.7%	0	0.0%	45	58.4%	3	3.9%
	MARION	178	36	20.2%	14	7.9%	124	69.7%	4	2.2%
	MONROE	30	10	33.3%	8	26.7%	11	36.7%	1	3.3%
	MONTGOMERY	50	10	20.0%	7	14.0%	32	64.0%	1	2.0%
	PIKE	51	20	39.2%	6	11.8%	23	45.1%	2	3.9%
	RALLS	25	14	56.0%	2	8.0%	8	32.0%	1	4.0%
	RANDOLPH	121	37	30.6%	14	11.6%	60	49.6%	10	8.3%
	SCHUYLER	26	15	57.7%	0	0.0%	9	34.6%	2	7.7%
	SCOTLAND	36	16	44.4%	4	11.1%	8	22.2%	8	22.2%
	SHELBY	48	31	64.6%	1	2.1%	16	33.3%	0	0.0%
	WARREN	16	4	25.0%	2	12.5%	7	43.8%	3	18.8%
REGION 6	* REGION 5 TOTAL *	997	311	31.2%	94	9.4%	537	53.9%	55	5.5%
	AUDRAIN	80	19	23.8%	12	15.0%	49	61.3%	0	0.0%
	BOONE	388	53	13.7%	33	8.5%	272	71.4%	25	6.4%
	CALLAWAY	72	11	15.3%	8	11.1%	46	63.9%	7	9.7%
	CAMDEN	124	38	30.6%	2	1.6%	75	60.5%	9	7.3%
	COLE	216	42	19.4%	27	12.5%	133	61.6%	14	6.5%
	COOPER	50	9	18.0%	3	6.0%	35	70.0%	3	6.0%
	CRAWFORD	73	3	4.1%	21	28.8%	41	56.2%	8	11.0%
	DENT	91	22	24.2%	25	27.5%	32	35.2%	12	13.2%
	GASCONADE	65	16	24.6%	4	6.2%	42	64.6%	3	4.6%
	HOWARD	39	11	28.2%	10	25.6%	14	35.9%	4	10.3%
	LACLEDE	153	52	34.0%	20	13.1%	66	43.1%	15	9.8%
	MARIES	22	9	40.9%	1	4.5%	12	54.5%	0	0.0%
	MILLER	57	14	24.6%	5	8.8%	31	54.4%	7	12.3%
	MONITEAU	43	27	62.8%	0	0.0%	13	30.2%	3	7.0%
	MORGAN	137	52	38.0%	10	7.3%	69	50.4%	6	4.4%
	OSAGE	37	10	27.0%	0	0.0%	27	73.0%	0	0.0%
	PHELPS	143	28	19.6%	14	9.8%	90	62.9%	11	7.7%
	PULASKI	97	51	52.6%	0	0.0%	39	40.2%	7	7.2%
	WASHINGTON	79	23	29.1%	8	10.1%	42	53.2%	6	7.6%
REGION 7	* REGION 6 TOTAL *	1,966	490	24.9%	203	10.3%	1,133	57.6%	140	7.1%
	CASS	235	48	20.4%	34	14.5%	142	60.4%	11	4.7%
	CLAY	426	39	9.2%	41	9.6%	326	76.5%	20	4.7%
	JACKSON	2,145	253	11.8%	174	8.1%	1,482	69.1%	236	11.0%
	PLATTE	175	12	6.9%	16	9.1%	141	80.6%	6	3.4%
	RAY	102	56	54.9%	0	0.0%	46	45.1%	0	0.0%
	* REGION 7 TOTAL *	3,083	408	13.2%	265	8.6%	2,137	69.3%	273	8.9%
REGION 8	FRANKLIN	210	36	17.1%	11	5.2%	149	71.0%	14	6.7%
	JEFFERSON	468	39	8.3%	86	18.4%	311	66.5%	32	6.8%
	ST CHARLES	319	24	7.5%	25	7.8%	257	80.6%	13	4.1%
	ST LOUIS COUNTY	2,604	246	9.4%	165	6.3%	1,896	72.8%	297	11.4%
	* REGION 8 TOTAL *	3,601	345	9.6%	287	8.0%	2,613	72.6%	356	9.9%
REGION 9	ST LOUIS CITY	1,659	267	16.1%	160	9.6%	978	59.0%	254	15.3%
REGION 10	BARTON	46	5	10.9%	14	30.4%	24	52.2%	3	6.5%
	JASPER	366	80	21.9%	64	17.5%	187	51.1%	35	9.6%
	MCDONALD	58	15	25.9%	10	17.2%	31	53.4%	2	3.4%
	NEWTON	195	20	10.3%	26	13.3%	140	71.8%	9	4.6%
	* REGION 10 TOTAL *	665	120	18.0%	114	17.1%	382	57.4%	49	7.4%
STATE TOTAL		19,603	4,399	22.4%	1,983	10.1%	11,619	59.3%	1,602	8.2%

* No Services/Other includes not receiving a service funded by MCO appropriations, returning to the community on their own resources, improved to where no care was needed or passed away before a long-term care decision could be made.

Appendix D. Referral Outcomes by Fiscal Year and Region

Home-Based Outcomes						
	FY 1995		FY 1996		FY 1997 - 1st Quarter	
	#	% of Referrals	#	% of Referrals	#	% of Referrals
State Total	2,826	15.6%	4,399	22.4%	1,202	24.8%
Region 1 - South Central	348	15.5%	527	22.1%	125	22.2%
Region 2 - Southeast	922	33.1%	1,188	42.6%	251	40.4%
Region 3 - West Central	202	20.0%	488	36.0%	129	38.5%
Region 4 - Northwest	191	17.3%	255	23.0%	75	27.1%
Region 5 - Northeast	169	17.7%	311	31.2%	71	30.2%
Region 6 - Central	281	17.5%	490	24.9%	132	27.3%
Region 7 - Metro Kansas City	181	6.4%	408	13.2%	201	22.0%
Region 8 - Metro St. Louis	269	8.5%	345	9.6%	91	11.2%
Region 9 - St. Louis City	195	11.3%	267	16.1%	85	20.3%
Region 10 - Southwest	68	9.7%	120	18.0%	42	22.5%
Jackson County	118	5.7%	253	11.8%	172	23.8%
St. Louis City & County	377	9.4%	513	12.0%	147	14.9%

RCF Outcomes						
	FY 1995		FY 1996		FY 1997 - 1st Quarter	
	#	% of Referrals	#	% of Referrals	#	% of Referrals
State Total	2,141	11.8%	1,983	10.1%	549	11.3%
Region 1 - South Central	308	13.7%	261	11.0%	80	14.2%
Region 2 - Southeast	344	12.4%	305	10.9%	76	12.2%
Region 3 - West Central	108	10.7%	139	10.3%	26	7.8%
Region 4 - Northwest	154	14.0%	155	14.0%	39	14.1%
Region 5 - Northeast	149	15.6%	94	9.4%	21	8.9%
Region 6 - Central	173	10.8%	203	10.3%	59	12.2%
Region 7 - Metro Kansas City	295	10.4%	265	8.6%	122	13.4%
Region 8 - Metro St. Louis	269	8.5%	287	8.0%	53	6.5%
Region 9 - St. Louis City	195	11.3%	160	9.6%	39	9.3%
Region 10 - Southwest	146	20.7%	114	17.1%	34	18.2%
Jackson County	231	11.1%	174	8.1%	95	13.1%
St. Louis City & County	358	8.9%	325	7.6%	63	6.4%

Appendix D. Referral Outcomes by Fiscal Year and Region

Nursing Facility Outcomes						
	FY 1995		FY 1996		FY 1997 - 1st Quarter	
	#	% of Referrals	#	% of Referrals	#	% of Referrals
State Total	11,258	62.0%	11,619	59.3%	2,737	56.5%
Region 1 - South Central	1,389	61.8%	1,409	59.2%	322	57.2%
Region 2 - Southeast	1,269	45.6%	1,152	41.3%	276	44.4%
Region 3 - West Central	605	59.9%	657	48.5%	161	48.1%
Region 4 - Northwest	648	58.8%	621	56.1%	150	54.2%
Region 5 - Northeast	552	57.7%	537	53.9%	133	56.6%
Region 6 - Central	1,001	62.3%	1,133	57.6%	271	56.0%
Region 7 - Metro Kansas City	2,048	71.9%	2,137	69.3%	477	52.2%
Region 8 - Metro St. Louis	2,298	72.4%	2,613	72.6%	601	74.1%
Region 9 - St. Louis City	1,047	60.9%	978	59.0%	248	59.3%
Region 10 - Southwest	401	57.0%	382	57.4%	98	52.4%
Jackson County	1,452	69.6%	1,482	69.1%	356	49.2%
St. Louis City & County	2,731	68.0%	2,874	67.4%	673	68.3%

No Services/Other						
	FY 1995		FY 1996		FY 1997 - 1st Quarter	
	#	% of Referrals	#	% of Referrals	#	% of Referrals
State Total	1,925	10.6%	1,602	8.2%	357	7.4%
Region 1 - South Central	204	9.1%	183	7.7%	36	6.4%
Region 2 - Southeast	247	8.9%	144	5.2%	19	3.1%
Region 3 - West Central	95	9.4%	72	5.3%	19	5.7%
Region 4 - Northwest	109	9.9%	76	6.9%	13	4.7%
Region 5 - Northeast	86	9.0%	55	5.5%	10	4.3%
Region 6 - Central	152	9.5%	140	7.1%	22	4.5%
Region 7 - Metro Kansas City	324	11.4%	273	8.9%	113	12.4%
Region 8 - Metro St. Louis	337	10.6%	356	9.9%	66	8.1%
Region 9 - St. Louis City	282	16.4%	254	15.3%	46	11.0%
Region 10 - Southwest	89	12.6%	49	7.4%	13	7.0%
Jackson County	286	13.7%	236	11.0%	100	13.8%
St. Louis City & County	553	13.8%	551	12.9%	102	10.4%

Note: Percentages are based on the total number of referrals for the region/area.

Appendix E. Clients Served* by County FY 1996

	County	Total Clients	Home- Based	% of Clients	RCF	% of Clients	Both RCF & Home-Based	% of Clients
REGION 1	BARRY	54	28	51.9%	25	46.3%	1	1.9%
	CHRISTIAN	135	33	24.4%	95	70.4%	7	5.2%
	DADE	28	28	100.0%	0	0.0%	0	0.0%
	DALLAS	48	23	47.9%	22	45.8%	3	6.3%
	DOUGLAS	24	24	100.0%	0	0.0%	0	0.0%
	GREENE	241	137	56.8%	100	41.5%	4	1.7%
	HOWELL	128	80	62.5%	46	35.9%	2	1.6%
	LAWRENCE	52	40	76.9%	9	17.3%	3	5.8%
	OREGON	45	45	100.0%	0	0.0%	0	0.0%
	OZARK	21	21	100.0%	0	0.0%	0	0.0%
	POLK	71	27	38.0%	37	52.1%	7	9.9%
	SHANNON	42	33	78.6%	8	19.0%	1	2.4%
	STONE	25	17	68.0%	7	28.0%	1	4.0%
	TANEY	33	22	66.7%	10	30.3%	1	3.0%
	TEXAS	48	25	52.1%	22	45.8%	1	2.1%
	WEBSTER	42	28	66.7%	13	31.0%	1	2.4%
	WRIGHT	32	23	71.9%	9	28.1%	0	0.0%
	* REGION 1 TOTAL *	1,069	634	59.3%	403	37.7%	32	3.0%
REGION 2	BOLLINGER	52	38	73.1%	12	23.1%	2	3.8%
	BUTLER	276	191	69.2%	82	29.7%	3	1.1%
	CAPE GIRARDEAU	156	89	57.1%	60	38.5%	7	4.5%
	CARTER	46	36	78.3%	10	21.7%	0	0.0%
	DUNKLIN	249	222	89.2%	24	9.6%	3	1.2%
	IRON	46	28	60.9%	17	37.0%	1	2.2%
	MADISON	25	23	92.0%	2	8.0%	0	0.0%
	MISSISSIPPI	103	103	100.0%	0	0.0%	0	0.0%
	NEW MADRID	144	143	99.3%	0	0.0%	1	0.7%
	PEMISCOT	272	272	100.0%	0	0.0%	0	0.0%
	PERRY	53	16	30.2%	36	67.9%	1	1.9%
	REYNOLDS	52	47	90.4%	3	5.8%	2	3.8%
	RIPLEY	56	32	57.1%	18	32.1%	6	10.7%
	ST FRANCOIS	178	44	24.7%	121	68.0%	13	7.3%
	STE GENEVIEVE	30	9	30.0%	17	56.7%	4	13.3%
	SCOTT	154	121	78.6%	31	20.1%	2	1.3%
	STODDARD	186	134	72.0%	50	26.9%	2	1.1%
	WAYNE	43	29	67.4%	14	32.6%	0	0.0%
	* REGION 2 TOTAL *	2,121	1,577	74.4%	497	23.4%	47	2.2%
REGION 3	BATES	30	17	56.7%	2	6.7%	11	36.7%
	BENTON	36	19	52.8%	16	44.4%	1	2.8%
	CARROLL	13	11	84.6%	2	15.4%	0	0.0%
	CEDAR	34	14	41.2%	18	52.9%	2	5.9%
	CHARITON	14	11	78.6%	3	21.4%	0	0.0%
	HENRY	43	27	62.8%	16	37.2%	0	0.0%
	HICKORY	19	19	100.0%	0	0.0%	0	0.0%
	JOHNSON	109	91	83.5%	17	15.6%	1	0.9%
	LAFAYETTE	84	79	94.0%	5	6.0%	0	0.0%
	PETTIS	109	59	54.1%	48	44.0%	2	1.8%
	ST CLAIR	9	9	100.0%	0	0.0%	0	0.0%
	SALINE	126	88	69.8%	35	27.8%	3	2.4%
	VERNON	49	21	42.9%	26	53.1%	2	4.1%
	* REGION 3 TOTAL *	675	465	68.9%	188	27.9%	22	3.3%
REGION 4	ANDREW	6	5	83.3%	1	16.7%	0	0.0%
	ATCHISON	8	8	100.0%	0	0.0%	0	0.0%
	BUCHANAN	202	78	38.6%	119	58.9%	5	2.5%
	CALDWELL	18	12	66.7%	6	33.3%	0	0.0%
	CLINTON	11	11	100.0%	0	0.0%	0	0.0%
	DAVISS	22	19	86.4%	2	9.1%	1	4.5%
	DE KALB	35	7	20.0%	28	80.0%	0	0.0%
	GENTRY	13	10	76.9%	3	23.1%	0	0.0%
	GRUNDY	39	26	66.7%	12	30.8%	1	2.6%
	HARRISON	13	11	84.6%	1	7.7%	1	7.7%
	HOLT	14	14	100.0%	0	0.0%	0	0.0%
	LINN	48	40	83.3%	8	16.7%	0	0.0%
	LIVINGSTON	18	5	27.8%	13	72.2%	0	0.0%
	MERCER	16	10	62.5%	6	37.5%	0	0.0%

Appendix E. Clients Served* by County FY 1996

	County	Total Clients	Home- Based	% of Clients	RCF	% of Clients	Both RCF & Home-Based	% of Clients
REGION 5	NODAWAY	38	25	65.8%	13	34.2%	0	0.0%
	PUTNAM	10	7	70.0%	3	30.0%	0	0.0%
	SULLIVAN	29	15	51.7%	14	48.3%	0	0.0%
	WORTH	0	0	0.0%	0	0.0%	0	0.0%
	* REGION 4 TOTAL *	540	303	56.1%	229	42.4%	8	1.5%
	ADAIR	79	61	77.2%	16	20.3%	2	2.5%
	CLARK	16	16	100.0%	0	0.0%	0	0.0%
	KNOX	18	6	33.3%	10	55.6%	2	11.1%
	LEWIS	15	14	93.3%	1	6.7%	0	0.0%
	LINCOLN	63	4	6.3%	55	87.3%	4	6.3%
	MACON	27	23	85.2%	4	14.8%	0	0.0%
	MARION	97	41	42.3%	53	54.6%	3	3.1%
	MONROE	22	9	40.9%	12	54.5%	1	4.5%
	MONTGOMERY	33	10	30.3%	20	60.6%	3	9.1%
	PIKE	31	21	67.7%	9	29.0%	1	3.2%
REGION 6	RALLS	14	10	71.4%	4	28.6%	0	0.0%
	RANDOLPH	56	29	51.8%	26	46.4%	1	1.8%
	SCHUYLER	20	20	100.0%	0	0.0%	0	0.0%
	SCOTLAND	40	34	85.0%	3	7.5%	3	7.5%
	SHELBY	30	29	96.7%	0	0.0%	1	3.3%
	WARREN	5	4	80.0%	1	20.0%	0	0.0%
	* REGION 5 TOTAL *	566	331	58.5%	214	37.8%	21	3.7%
	AUDRAIN	46	27	58.7%	19	41.3%	0	0.0%
	BOONE	120	68	56.7%	51	42.5%	1	0.8%
	CALLAWAY	19	9	47.4%	10	52.6%	0	0.0%
	CAMDEN	61	59	96.7%	2	3.3%	0	0.0%
	COLE	61	29	47.5%	31	50.8%	1	1.6%
	COOPER	14	8	57.1%	6	42.9%	0	0.0%
	CRAWFORD	56	11	19.6%	42	75.0%	3	5.4%
	DENT	50	26	52.0%	23	46.0%	1	2.0%
	GASCONADE	28	17	60.7%	10	35.7%	1	3.6%
REGION 7	HOWARD	29	6	20.7%	20	69.0%	3	10.3%
	LACLEDE	116	86	74.1%	27	23.3%	3	2.6%
	MARIES	9	6	66.7%	3	33.3%	0	0.0%
	MILLER	18	17	94.4%	1	5.6%	0	0.0%
	MONITEAU	25	20	80.0%	5	20.0%	0	0.0%
	MORGAN	76	57	75.0%	16	21.1%	3	3.9%
	OSAGE	10	10	100.0%	0	0.0%	0	0.0%
	PHELPS	53	28	52.8%	24	45.3%	1	1.9%
	PULASKI	73	69	94.5%	3	4.1%	1	1.4%
	WASHINGTON	40	29	72.5%	11	27.5%	0	0.0%
	* REGION 6 TOTAL *	904	582	64.4%	304	33.6%	18	2.0%
	CASS	70	36	51.4%	33	47.1%	1	1.4%
	CLAY	91	22	24.2%	67	73.6%	2	2.2%
	JACKSON	520	178	34.2%	335	64.4%	7	1.3%
	PLATTE	50	19	38.0%	29	58.0%	2	4.0%
	RAY	50	47	94.0%	3	6.0%	0	0.0%
REGION 8	* REGION 7 TOTAL *	781	302	38.7%	467	59.8%	12	1.5%
	FRANKLIN	91	69	75.8%	22	24.2%	0	0.0%
	JEFFERSON	195	58	29.7%	125	64.1%	12	6.2%
	ST CHARLES	80	40	50.0%	39	48.8%	1	1.3%
REGION 9	ST LOUIS COUNTY	655	303	46.3%	318	48.5%	34	5.2%
	* REGION 8 TOTAL *	1,021	470	46.0%	504	49.4%	47	4.6%
	ST LOUIS CITY	711	373	52.5%	300	42.2%	38	5.3%
REGION 10	BARTON	26	9	34.6%	11	42.3%	6	23.1%
	JASPER	215	81	37.7%	119	55.3%	15	7.0%
	MCDONALD	34	16	47.1%	18	52.9%	0	0.0%
	NEWTON	48	23	47.9%	21	43.8%	4	8.3%
	* REGION 10 TOTAL *	323	129	39.9%	169	52.3%	25	7.7%
STATE TOTAL		8,711	5,166	59.3%	3,275	37.6%	270	3.1%

* **Clients Served** include those persons who received a service funded by MCO appropriations *that was paid for during fiscal year 1996.*

Appendix F. Rate Increases and Rates

Medicaid Per Diem Rate Increases for Nursing Facilities	
April 1, 1990	\$1.06
July 1, 1992	\$4.70
January 1, 1994	\$0.38
January 1, 1995	Readjustment of base rates/\$11.69 average increase

Home and Community Services Rates	
<i>Homemaker and Basic Personal Care:</i>	
July 1, 1992	\$9.11
July 1, 1993	\$9.61
July 1, 1994	\$9.86
July 1, 1995	\$10.36
July 1, 1996	\$10.86
<i>Advanced Personal Care:</i>	
July 1, 1992	\$11.61
July 1, 1993	\$12.11
July 1, 1994	\$14.61
July 1, 1996	\$14.90
<i>Respite, in-home 12-hour:</i>	
July 1, 1992	\$40.00
<i>Respite, in-home 1 hour:</i>	
July 1, 1992	\$6.11
July 1, 1993	\$7.11
July 1, 1994	\$7.36
July 1, 1996	\$9.00
<i>Advanced Respite, in-home 1 hour:</i>	
July 1, 1996	\$12.00
<i>Adult day care (1 day):</i>	
July 1, 1992	\$32.00
July 1, 1994	\$33.50
July 1, 1996	\$40.00
<i>RN Visits:</i>	
July 1, 1990	\$25.00
July 1, 1996	\$35.00
<i>RCF-Personal Care:</i>	
October 1, 1993	\$9.61
July 1, 1996	\$10.07